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**Evaluation of Five
Section 1115
Medicaid Reform
Demonstrations**

Survey Methodology

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ABSTRACT

This report describes the methods used to design and implement the list frame and Random Digit Dial (RDD) surveys that were conducted for the Evaluation of Five Section 1115 Medicaid Reform Demonstrations. RDD surveys were designed to screen for households with low-income uninsured individuals and individuals covered by state Medicaid programs in two states with significant expansion programs, Hawaii and Tennessee. List frame surveys of people enrolled in the demonstrations were conducted in Hawaii, Oklahoma, Rhode Island, and Tennessee. The questionnaire, sample design, response rates, weighting methods, and facts about the actual conduct of the surveys are contained in this report.

P R E F A C E

This report was prepared during a 6-year evaluation of five Medicaid state health reform initiatives, which were implemented as Section 1115 research and demonstration projects. States proposed and administer these projects, and the federal government approved the demonstrations and monitors them. The five state projects in the evaluation were (1) Hawaii's QUEST, (2) Maryland's HealthChoice, (3) Oklahoma's SoonerCare, (4) Rhode Island's RItE Care, and (5) Tennessee's TennCare. The projects greatly increased the scope of managed care for Medicaid beneficiaries, and three of them expanded eligibility for coverage.

This project was conducted under contract #500-94-0047 from the Health Care Financing Administration (HCFA), with additional support from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The federal project officer was Penny Pine, of HCFA; with Jeff Buck, of SAMHSA, and Hunter McKay, of ASPE. Mathematica Policy Research, Inc. (MPR) was the prime contractor; The Urban Institute was a subcontractor. The project director was Judith Wooldridge (MPR); the survey director was Anne Ciemnecki (MPR). Leighton Ku (of the Center on Budget and Policy Priorities and formerly of The Urban Institute) led the implementation analysis, and Randall Brown and Lorenzo Moreno (MPR) led the impact analysis.

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We appreciate the support of our project officer, Penny Pine, at the Health Care Financing Administration, and sorely miss Jamie Hadley. Our colleagues, Judith Wooldridge, Randall Brown, Lorenzo Moreno, and Geraldine Mooney, contributed to the questionnaire design and/or commented on this report. Dong Chen, Mark Dentini, Jennifer McNeill, Jennifer McNulty, Linda Bandeh, Michael Watts, and David Uglow all played essential roles preparing the CATI system and questionnaires. Thu Vu, Robert Wagmiller, and Barbara Carlson contributed to the sample weights. Gloria Gustus and Lynne Beres worked on document preparation.

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CHAPTER I

INTRODUCTION

During the 1990s, states used Section 1115 demonstrations to modify their Medicaid programs to provide services through managed care arrangements and to cover a greater number of low-income uninsured people. A six-year evaluation of state health reform efforts conducted by Mathematica Policy Research, Inc. (MPR), using Section 1115 demonstrations, focused on these issues:

- How the demonstrations operated and were financed
- The impacts of expansions in coverage to new groups on access to care, quality of care, and service use
- The different experiences of enrollees across managed care plans

In addition, MPR assessed how disabled beneficiaries fared in managed care, including those with behavioral health problems. The Medicaid demonstrations being evaluated were located in Hawaii, Maryland, Oklahoma, Rhode Island, and Tennessee. The principal sources of data for this evaluation were telephone surveys.

MPR conducted three kinds of surveys for the evaluation:

- Random Digit Dial (RDD) surveys in Tennessee and Hawaii
- List frame surveys of the general Medicaid population enrolled in managed care plans in Hawaii, Oklahoma, Rhode Island, and Tennessee
- A list frame survey of people with disabilities enrolled in managed care plans in Tennessee

In all, Mathematica conducted more than 22,000 5- to 10-minute RDD screening interviews and 8,078 40-minute interviews.

Chapter II of this report presents an overview of the research design and describes the questionnaire. The RDD survey is described in chapter III, and the list frame survey of the general Medicaid population is discussed in chapter IV. In each chapter, we cover response rates, sample design, screening criteria, and weighting. Chapter V covers interviewer selection and training. The computer-assisted telephone interviewing (CATI) system, call scheduling, and data editing. Chapter VI presents recommendations for improving the quality of surveys of Medicaid program participants. Full descriptions of the surveys of people with disabilities are available in CyBulski et al. (1998), CyBulski and Ciemnecki (2000), and Ciemnecki et al. (2000).

CHAPTER II

USE OF SURVEY DATA AND QUESTIONNAIRE CONTENT

Survey data were used for two purposes. First, survey data were used to assess the relative effectiveness of different types of managed care plans for the Medicaid population. To do this, we first compared enrollees in each plan with enrollees in all the other plans in four of the five states—Hawaii, Oklahoma, Rhode Island, and Tennessee (Moreno et al. 2000). Second, to evaluate the impacts of expanding coverage for low-income populations, the survey data were used to compare the experiences of people enrolled in the demonstrations, under the expanded eligibility criteria, with low-income uninsured individuals. We made these comparisons in the two states with significant expansions, Hawaii and Tennessee (Moreno and Vogel 2001; and Moreno and Hoag 2000).

The questionnaires addressed access to and satisfaction with care, utilization of medical services, insurance coverage, experience in the demonstration program, unmet needs and delays receiving care, health status, attitudes toward health care and risks, use of preventive services, and family demographics. Whenever possible, we used existing items and scales, borrowing heavily from the Group Health Association of America (GHAA) Consumer Satisfaction Survey and the Medicare Current Beneficiary Survey. On average, the questionnaire took 40 minutes to administer. We used the same basic questionnaire for the RDD and list frame surveys. The beginning of the RDD questionnaire included a 5- to 10-minute eligibility screen that was not necessary in the list frame version. Exhibit 1 presents a list of survey questions by main topic area. Question numbers are in parentheses. Refer to Appendix A for a word processing version of the CATI questionnaire.

EXHIBIT 1
QUESTIONNAIRE CONTENT

Introduction

Request consent for participation

Screen for initial eligibility (RDD only: s1 – s5¹)

Anyone in household under age 65
Anyone in household have Medicaid, waiver plan, or is uninsured
Household income

Household enumeration (RDD only: hhld – itl)

Age
Sex
Insurance coverage
United States citizenship/resident aliens
Family formation
Family income
Selection of a respondent and child from each family

Waiver plan enrollment (adult, a1 – a3a; child, aCHL – a3aC)

Confirmation that the sample member is enrolled in a waiver plan
Confirmation enrolled in waiver plan for 3 months
How long a member of waiver plan
If not currently enrolled, why
How many months during last year uninsured
How many months during last year on private insurance, what kind of private insurance

Managed care plan (adult, 12P – 12bP; child, 12C – 12bC)

Confirmation that the sample member is enrolled in sampled managed care plan
If not, what is name of current managed care plan
How long a member of current managed care plan
If a member for less than 3 months, name of previous managed care plan
Why changed plans

Barriers to enrollment in waiver plans (a9a – a9c)

Any problems enrolling, if yes what
What was biggest problem

Premium for waiver plan (a10 – a10D)

How much is premium (adult and child)
Number of people premium covers (adult and child)

Out-of-pocket costs (adult, a11 – a11b, child, a11c – a11f)

Any out-of-pocket cost for doctor, hospital or prescription in last 3 months
If yes, how much
If more than \$200, what for
Reimbursed by waiver plan

Enrollment in managed care plan (adult, 13a – 21a; child 13A – 21A)

Plan chosen or assigned
Got first choice of health plans
Reasons for enrollment
Received information or advice to help chose a health plan, if yes, who provided, how useful
Would recommend health plan to a friend or relative
Would recommend health plan to a friend or relative with a chronic or serious health problem

Insurance status (RDD only: adult, x1 – x8; child xCHL – x8C)

Confirmation currently uninsured for past 3 months
Why no health coverage
If not currently uninsured, enrolled in waiver plan
How many months during last year uninsured
How many months during last year on waiver plan
How many months during last year on private insurance, what kind of private insurance
Any insurance before that (repeat type and duration questions)

Waiver program enrollment (adult, x14 – x14c, child, x14C – X14c)

Ever in waiver plan
If yes, for how long, why no longer a member

Barriers to enrollment in waiver program (x15 – x16b)

Ever heard of waiver plan
Ever tried to enroll in waiver plan
If no, why not
If yes, any problem trying to enroll, what problems

Out-of-pocket costs (adult, x18 – x18b; child, x18c – x18e)

Any out-of-pocket cost for doctor, hospital or prescription in last 3 months
If yes, how much
If more than \$200, what for
Reimbursed by waiver plan

Current source of medical care (adult b1P – 3BP, child b1C – 3BC)

If no, reasons for not having a usual source of care, was there a usual source of care in past year
If yes, name and type of place of usual source of care, has usual source of care changed in past year

Last doctor visit in past year (adult b6bP – b10P, child b6bC – b10C)

Have appointment or walk in
If appointment, days wait to see doctor after make an appointment
Travel time to doctor's office
Wait time to see doctor or medical person after arrival

¹Refers to question number as shown in Appendix A.

EXHIBIT 1 (continued)

Reports about usual source of care (adult b11P - B14P, child b11C - B14C)

- See the same doctor or medical person at each visit
- Change usual source of care in last year
- Type of health care provider
- Difficulty communicating or getting care because of a language problem
- Place provide reminders about appointments
- Place provide reminders about routine care
- Provide transportation, use transportation
- Recommend usual source of care to family or friend

Barriers to Care (adult b4P - B4HP, child b4C - B4HC)

- Didn't go to or delayed seeing a doctor, main reason
- Didn't go to or delayed hospital care, main reason
- Didn't go to or delayed dental care, main reason
- Didn't go to or delayed mental health care, alcohol treatment or drug treatment, main reason
- Didn't get prescription medicine, main reason, did sample member have prescription
- Took less prescription medicine than recommended
- Didn't go to or delayed seeing a specialist, main reason
- Want family planning advice in past year, receive advice, if yes - how difficult to get advice, if no main reason for not getting advice (Female age 14 and older)

Health status (adult and respondents for child: d1 - d1b)

- General health
- General health compared to 1 year ago
- General health compared to other people same age

Attitudes (adult and respondent for child: d1c - d11)

- Worry about health more than other people same age
- Do about anything to avoid going to the doctor
- Healthy enough don't need health coverage
- Even for healthy people, having health coverage is really important
- Doctors or nurses look down on people on waiver plan
- Can get health care through community health centers or charity care if uninsured
- Easy to get on waiver plan if eligible
- People on waiver plan get better health care than uninsured
- Better to plan life far ahead or is life too much a matter of luck to plan ahead very far

Adult functional ability (d2 - d4P)

- Unable to do certain kinds or amounts of work, housework, or go to school because of health
- Health keeps him/her from working at a job, doing housework, or going to school
- Needs help eating, bathing, dressing, or getting around home
- Needs help in handling routine needs

Adult chronic health conditions (d5a - d5j)

- Asthma
- Diabetes
- Arthritis
- Kidney disease
- Hypertension
- Tuberculosis
- Mental health problems
- Cancer
- HIV
- Low back pain
- Headaches

Adult emergency room visits (d6 - d712)

- Any emergency room (ER) visits in the past year
- Number of ER visits
- Any of the ER visits related to chronic conditions (asthma, diabetes, hypertension, low back pain, headaches) how many
- Any of the ER visits for primary care (acute bronchitis, urinary tract infection, gastroenteritis, flu, dehydration, head cold, vomiting), how many

Adult overnight hospital stays (d8 - d10)

- Number of times in past year
- Number of nights
- Was it while member of waiver plan

Adult doctor visits in the past three months (d12 - d15)

- Number of preventive care visits
- Number of visits because the sample member was ill
- Number of visits to specialists
- Did sample member need a referral
- How difficult to get referral

Adult preventive care (d19n - d24)

- All adults:
 - Most recent blood pressure check
 - Most recent dental check up
 - Alcohol, drug, or cigarette counseling by dr. in past 12 months
- All adult women:
 - Most recent PAP smear
- Women over age 40
 - Most recent mammogram

Child health status (Z1 - Z5e)

- General health status
- Take part in play activities
- Limited in kind or amount of play by impairment or health
- Does impairment or health keep from attending school
- Attend special school because of impairment or health
- Often absent because of health

Child chronic health conditions (Z5a - Z5f)

- Asthma
- Diabetes
- Heart disease
- Cancer
- HIV
- Headaches

EXHIBIT 1 (*continued*)**Child emergency room visits (Z6 - Z7n2)**

Any ER visits in the past year
 Number of ER visits
 Any of the ER visits related to chronic conditions (asthma, diabetes, headaches), how many
 Any of the ER visits for primary care (acute bronchitis, urinary tract infection, gastroenteritis, flu, dehydration, ear infection, head cold, stomach ache, vomiting), how many

Overnight hospital stays in the past year (Z8 - Z8b)

Number of times
 Number of nights
 Was it while member of waiver plan

Doctor visits in last 3 months (Z12 - Z13d)

Total number of visits in last 3 months
 Number for preventive care
 Number of specialist visits
 Referral to specialist
 How difficult to get referral

Preventive Care (Z19n - Z28)

How long since last preventive care visit
 Date of last preventive care visit
 Children less than 4 years of age: MMR vaccination
 Children between 1 and 3 years: MMR vaccination by 18 months
 Child age 4 and older: How long since last dental visit

Satisfaction with current health care (adult, c1P - C3P; child, c1C - C3C)

Convenience of the location of the doctor's office
 Wait time at doctor's office
 Ease of getting medical care in emergency
 Length of time between making appointment and visit
 Explanations of medical procedures and tests
 Friendliness and courtesy of doctors
 Amount of time with doctors and staff during visits
 Services available for getting prescriptions filled
 Number of doctors from which to choose
 Freedom to change doctors
 Ease of getting medical care in an emergency

Satisfaction of current health insurance plan (adult, c3P - C8P; child, c3aC - C8C)

Overall, health care rating
 Health plan rating
 Confidence in getting questions answered
 Changing health plan
 Why does sample member want to change health plan
 Compare current health insurance plan to previous health insurance coverage

Pregnancies in the past two years (adult, c1P - e9Pa; child, c1C - e9Ca)

All females age 12 to 50
 Pregnant in past 2 years
 If yes, number of times
 Pregnant in past year
 If yes, currently pregnant, number of weeks or months pregnant
 Number of pregnancies in past year
 How did last pregnancy end, number of weeks or months pregnant when ended

Prenatal care (adult, c11P - 14bP; child c11C - 14bC)

During most recent pregnancy, got prenatal care
 If yes, when first went for prenatal care
 Type of place
 Number of prenatal care visits
 Any problems getting prenatal care, what problems
 If no prenatal care, did want or need prenatal care, if didn't want, why not

Health coverage (adult, e18P - E19P; child, e18C - E19C)

Have health coverage during pregnancy
 If hospitalized in past year, was many hospitalized days were related to the pregnancy

Adult tobacco use (f1 - f2)

Currently smoke cigarettes
 Doctor ever counsel to stop smoking

Demographics (g1ab - g9)

Respondent relationship to child
 Education
 Mother's education
 Marital status
 Employment status
 Spouse's employment status
 Hispanic origin
 Race
 Native language
 Spouse or children have chronic or serious health problem

Publicly Funded Services (g11 - g15)

AFDC or TANF
 Food stamps
 WIC
 SSI

Income (g18 - g19a)

Annual income
 Number of people income supports

Social security number (RDD only, g23 - g24)**Telephone coverage (g30 - g35)**

Any other phone numbers in household
 If yes, business or home use
 During last year was there a time with no working telephone for 2 weeks or more
 If yes, for how many months and why
 Zip code

CHAPTER III

THE RDD SURVEYS

A. GENERAL INFORMATION

We used the RDD surveys in Tennessee and Hawaii, states with expansion programs, to look for uninsured individuals residing in households with incomes less than 250 percent of the federal poverty level. This low-income uninsured group included individuals eligible for either TennCare (Tennessee) or QUEST (Hawaii), who did not enroll, as well as individuals who were ineligible due to income, assets, or other eligibility criteria. This group enabled us to compare those who were newly enrolled in the Medicaid, due to the expansions, with those who were eligible but not enrolled and those who were nearly eligible.

An RDD survey provides coverage of all potentially working telephone numbers in a given area, regardless of whether the number was “listed” in a telephone directory. In their simplest form, RDD surveys are implemented by identifying all area codes and associated three-digit “exchanges” in a geographically defined area.¹ Tables of random numbers are then used to generate four-digit numbers for each exchange. Interviewers dial the 10-digit numbers, discarding those that are not working or not households.

MPR used the Genesys Sampling System (available through the Marketing Systems Group) to select the RDD household sample. Genesys first assigns each area code-exchange combination to a unique county. Assignment is based on the addresses of published telephone numbers; a published number is one that appears in a regular (“White Pages”) telephone company directory. An exchange is assigned to the county by the plurality of such addresses. Although this assignment can lead to occasional misalignment of numbers (assigning a telephone number to the wrong county), the misclassification rate is usually less than one percent. Within each set of area code-exchange combinations, Genesys defines “working banks” from which to sample telephone numbers. A working bank is a set of 100 consecutive telephone numbers (XXX-YYY-ZZ01 to XXX-YYY-ZZ99) in which one or

¹In the U.S 10-digit telephone numbering system (XXX-YYY-ZZZZ), the first three digits (XXX) are referred to as the area code, the next three (YYY) as the exchange.

more numbers is a published residential number. Limiting the sample frame to working banks excludes approximately 3.5 percent of households at any point in time (Brick et al. 1995).

Before selecting the initial RDD samples, we stratified the Genesys sample frames. In Tennessee, we formed five groups (strata) that differed by household income and metropolitan status, and in Hawaii we formed three strata based on income level. Although we did not use the strata to oversample, we nevertheless wished to ensure representation of persons in Tennessee who live in urban and rural areas, and in both states of those living in areas with varying income levels. The five strata in Tennessee were: (1) metropolitan higher income, (2) metropolitan middle income, (3) metropolitan lower income, (4) nonmetropolitan higher income, and (5) nonmetropolitan lower income. For Hawaii, the strata were (1) higher income, (2) middle income, and (3) lower income.

To select equal-probability samples of telephone numbers, Genesys used a systematic selection after a random start. After the numbers were selected, we used the Genesys ID procedures to remove known businesses and nonworking numbers from the sample. The Genesys ID process involves two steps (1) checking the sample against lists of published numbers, and (2) dialing numbers to determine whether they are nonworking. In the first step, all numbers are classified as published residential numbers, published business numbers, or "other."

B. TIMING OF THE RDD SURVEYS AND RESPONSE RATES

Two waves of RDD surveys were conducted in each state. The Tennessee surveys took place between January and July 1998 and between December 1998 and August 1999. The Hawaii surveys took place between January and August 1998 and between January and September 1999.

In the first wave of the Tennessee survey, Mathematica conducted 5,233 RDD screening interviews, achieving an 81.5 percent screener response rate. Ninety-three percent of those screened as eligible completed a family-level interview, for an overall response rate of 75.8 percent.² We conducted 896 family-level interviews in Tennessee in Wave 1.³ In Wave 2, we conducted 5,033 screening interviews, achieving a 76.6 percent response. Ninety-four percent of those screened as eligible completed a family-level interview, for an overall

²A detailed explanation of how these response rates were calculated appears in Appendix B. Note that all response rates were calculated according to the standards set forth by the American Association for Public Opinion Research (1998).

³Some households contained more than one family. In Tennessee, for example, 799 households generated 896 family-level interviews.

response rate of 72.2 percent. We conducted 645 family-level interviews in Tennessee in Wave 2.

In the first wave of the Hawaii survey, we conducted 9,560 screening interviews, achieving a 73.3 percent response rate. Ninety-two percent of those screened as eligible completed a family-level interview, for an overall response rate of 67.2 percent. We conducted 729 family-level interviews in Hawaii in Wave 1. In Wave 2, we conducted 7,758 interviews, achieving a 65.2 percent response rate. Ninety-four percent of those screened as eligible completed a family-level interview, for an overall family response rate of 61.5 percent. We conducted 489 family-level interviews in Hawaii in Wave 2.

Since RDD response rates tend to be in the 45-65 percent range, these are excellent response rates. They are especially notable because the respondent to the screener was not necessarily the respondent for the survey, which means that even greater cooperation is required. Interviewers often had to convince multiple members of the same household to participate. Table 1 shows the final disposition codes and response rates, by state, for each wave of the survey.

TABLE 1
RDD FINAL DISPOSITION CODES

	Wave 1		Wave 2	
	Tennessee	Hawaii	Tennessee	Hawaii
Interview				
Complete	799	682	585	447
Eligible, Non-Interview				
Refusal	45	52	46	65
Non-contact	21	13	3	14
Language	1	2	1	1
Other	3	9	1	2
Unknown Eligibility, Non-Interview				
Unknown if housing unit	792	1,691	1,257	1,415
Housing unit, Unknown if eligible respondent	713	958	949	1,612
Not Eligible				
Non-working/disconnected	4,341	8,895	5,966	8,128
Nonresidence	1,460	2,729	1,960	2,434
No eligible respondent	4,364	8,802	4,367	7,242
Response Rates				
Screener	81.5	73.3	76.6	65.2
Family-level	93.0	91.7	94.3	94.4
Overall	75.8	67.2	72.2	61.5

SOURCE: Five State Household Surveys, Mathematica Policy Research, Inc. (1998-1999 and 1999-2000).

C. SCREENING CRITERIA AND FORMATION OF FAMILIES

The RDD survey began by identifying an adult in each household who was knowledgeable about the health insurance coverage of household members. This respondent provided the screening information necessary to establish the household's eligibility.

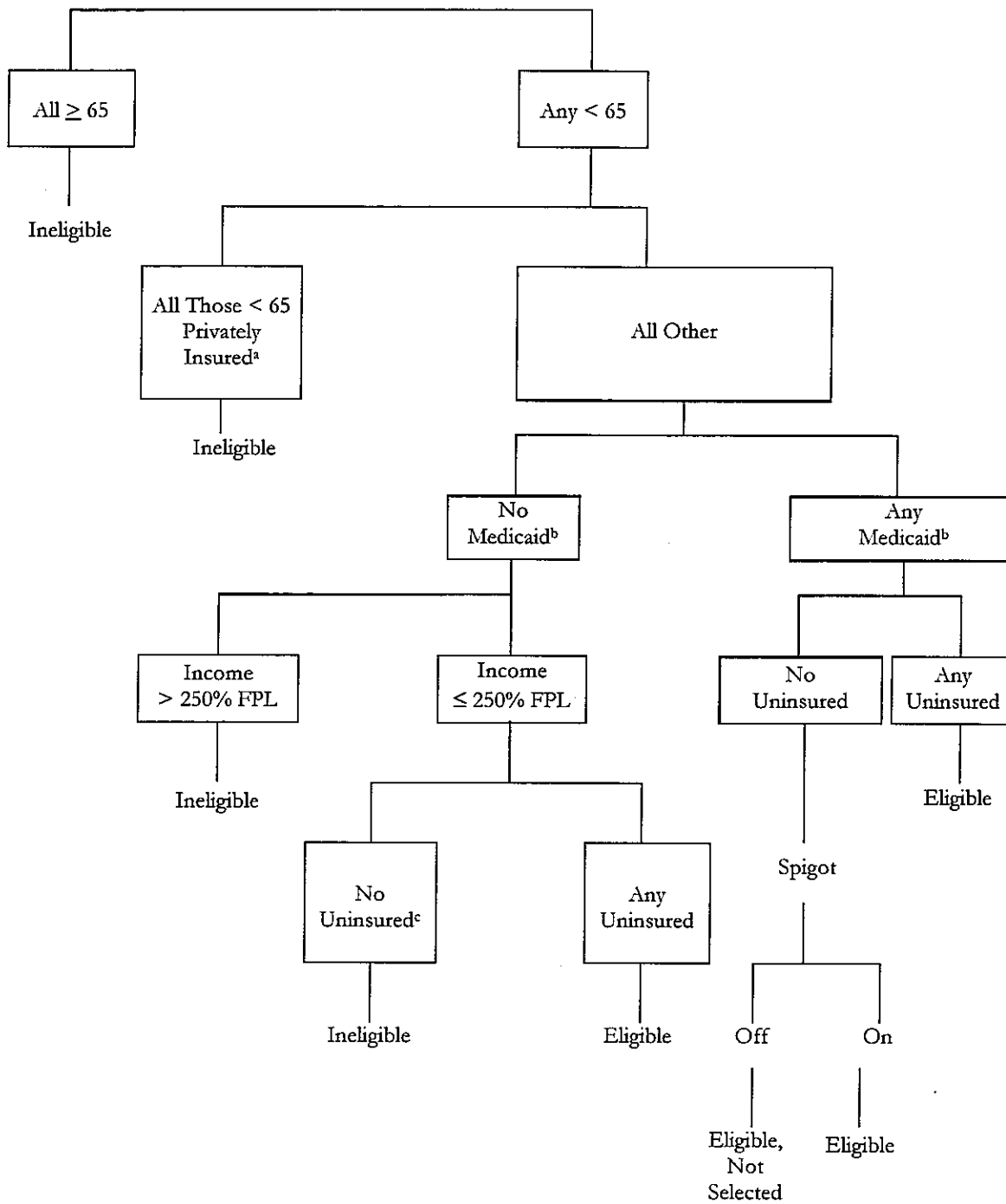
Household Eligibility. Interviewers enumerated the household by collecting the first name or initials of each household member—his or her age, gender, citizenship status, relationship to the head of the household, and health insurance coverage. The CATI protocol then classified households as ineligible if all members were privately insured or were 65 or older. All households with any uninsured members were eligible pending the income screen described below. Households with no uninsured members were sampled, using a “spigot.” A spigot is a method used to vary sample rates. Initially set “on” or “off,” spigots can be changed for new releases of the sample.⁴ If a spigot is on, the unit (household, family, or individual) has a probability of selection greater than zero. When the spigot is off, the unit's probability of selection is zero. We used spigots to avoid interviewing individuals who belonged to managed care plans for which target sample sizes had already been met. In addition, spigots were always “off” for the smallest managed care plan in each state because these plans were ineligible. Exhibits 2 and 3 show flowcharts of household and individual screening.

Family Formation. Within eligible households, the CATI protocol defined a family as:

- A legally married couple formed a family, and eligible children from either parent were part of the same family
- An unmarried couple (regardless of sex) formed a family, and eligible children from either parent were part of the same family
- A child and both of his or her parents (regardless of whether or not they considered themselves partners) were part of the same family
- A minor child's child is considered part of the minor child's parent's family unless the minor child was over age 16

⁴The spigot position cannot be changed for sample already released.

EXHIBIT 2
FIVE STATE FAMILY SCREENING



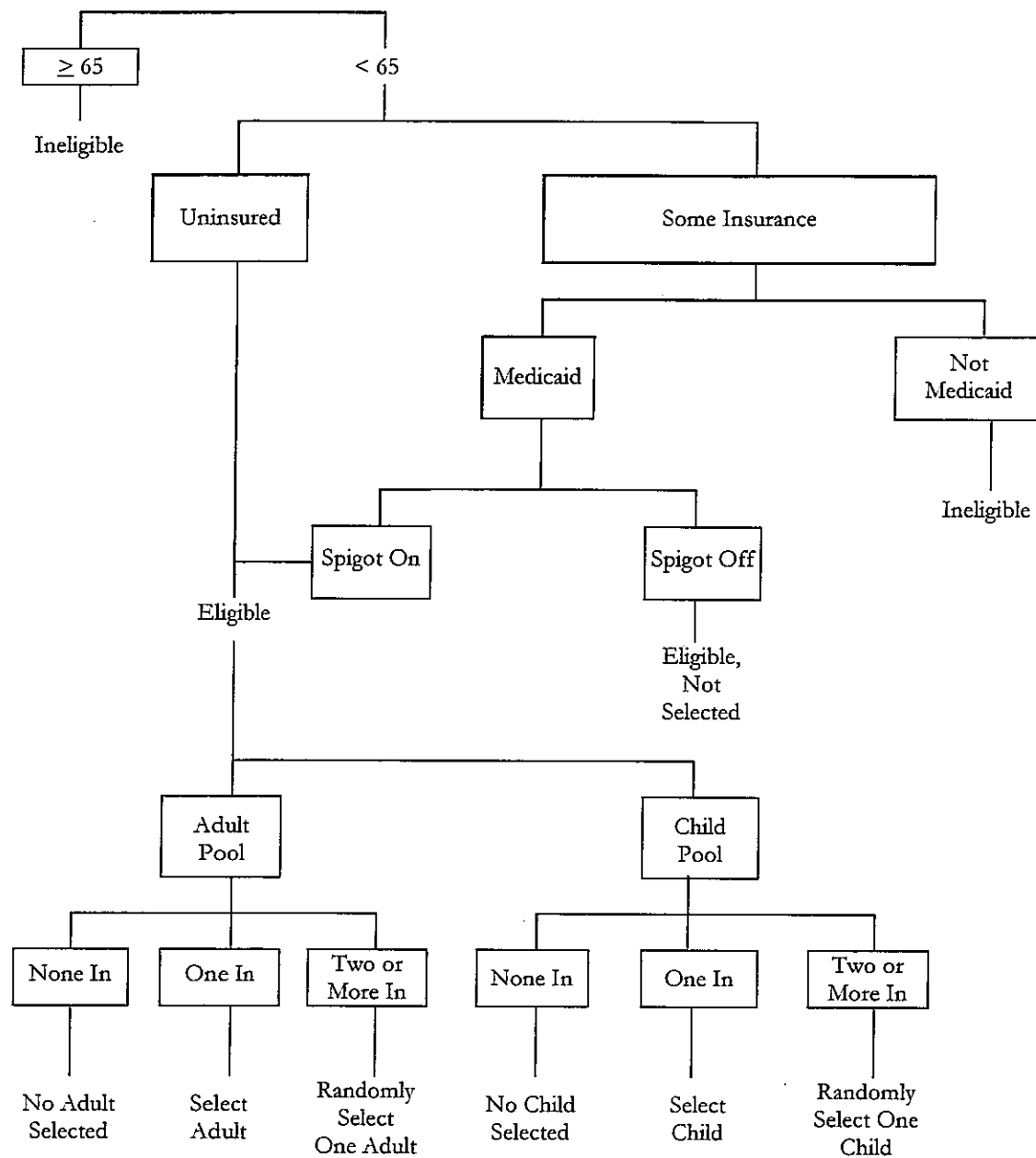
^aMedicare does not count as private insurance.

^bMedicaid includes waiver programs.

^cFor example, Medicare.

EXHIBIT 3

FIVE STATE SCREENING OF INDIVIDUALS



We considered children eligible and assigned them to families as follows:

- Unmarried biological, adopted, or stepchildren under age 18 were part of the parent's family
- Married biological, adopted, or stepchildren under age 18 are not part of the parent's family unless they are living in the parent's household without their child or spouse
- Biological, adopted, or stepchildren 18 or older were not part of their parent's family; they formed a separate family
- Foster children, regardless of age, are not part of their foster parent's family; they form a separate family that is ineligible

Income Screening. The screener also tested for income. "Eligible income" was defined as family income within 250 percent of the federal poverty level. Families with any individual participating in the state Medicaid program did not have to pass the income test. Because we needed to ask about income early in the screening process (before the interviewer had the opportunity to establish substantial rapport with the respondent), the income test was performed only once for each family unit. The family unit was not subdivided for further eligibility testing, even though Medicaid eligibility rules might have divided families to determine eligibility for some individuals.

Selection of an Eligible Adult and Child. Privately insured individuals, those 65 and older, and individuals without health insurance whose family income was above 250 percent of the federal poverty level were always ineligible. Uninsured individuals with income below 250 percent of the federal poverty level were always eligible. In Hawaii only, individuals receiving Social Security income were ineligible.

For individuals covered by Medicaid managed care plans, we selected individuals who belonged to eligible plans. Plans were selected with probability proportionate to the size of their enrollment. We selected the largest plans that had been operating for at least one year prior to the beginning of the survey. Among the nine plans operating in Tennessee when the survey began, we included the seven largest: Blue Cross/Blue Care, Access Med Plus, Health Net/Phoenix,⁵ PHP, OmniCare, TLC, and John Deere. The two smallest, Vanderbilt and Prudential, were excluded; thus, their members were ineligible. Among the six plans operating in Hawaii when the survey began, we included four: HMSA, Aloha, Queens, and Kaiser. Straub was too small for inclusion; the sixth, Kapiolani, had not been operating for one year and was included in Wave 2 only.

⁵Phoenix (now Xantus) acquired HealthNet in late 1998.

Respondents from families with members enrolled in more than one eligible managed care plan were selected with probability proportionate to the size of the plan. Thus, individuals in smaller (and harder to find, using RDD methods) were more likely to be selected than individuals in larger (more common) plans. If more than one adult or child in the family met the same eligibility criteria, we used the Kish method to randomly select the one to interview (Kish 1995). In families where both an adult and a child were selected, the selected adult served as proxy for the selected child. In families where only a child was eligible, we sought a knowledgeable adult to serve as a proxy.

D. ASSIGNMENT OF ELIGIBILITY STATUS FOR MEDICAID PROGRAM PARTICIPANTS IDENTIFIED VIA THE RDD SURVEY

Our analysis of the impact of the expansion programs required us to compare experiences and characteristics for two groups: those who became eligible due to the expansion coverage offered by the demonstration and those who were uninsured. Hence, we needed to distinguish between Medicaid enrollees eligible under predemonstration rules and those eligible under the expansion rules. Because the Medicaid files indicated under which criteria participants qualified for the Medicaid program, determining eligibility was easy for the list frame surveys. Distinguishing these two types of Medicaid program participants identified via the RDD survey more challenging. While our preferred method was to collect the RDD respondent's social security number and match it to information in the Medicaid file, this was difficult because respondents were reluctant to disclose social security numbers for themselves and other family members. In Tennessee, 65 percent of the respondents reported a social security number whereas in Hawaii the percentage was less than half (46 percent). Ninety percent of the reported social security numbers matched the Medicaid record. For those who did not report social security numbers or whose reported numbers did not match the Medicaid records, we constructed the eligibility criteria based on data collected during the survey. The following classification criteria were used in the order listed, below to distinguish the two types of Medicaid enrollees:

- SSI, AFDC, or TANF cash recipients were classified as meeting predemonstration Medicaid eligibility criteria
- Premium payers were classified eligible due to the expansion
- Children and pregnant women meeting the predemonstration poverty-related income thresholds were classified as meeting the predemonstration eligibility criteria
- Adults living alone or without children were classified as eligible due to the expansion

- If the family included one parent and some children, and the family income was below the AFDC needs threshold, the participant was eligible under the predemonstration criteria
- If the family included two parents and children and one of the parents was “not available” due to a disability (using survey data on chronic or serious health problem), and the family was under the AFDC needs threshold, the participant was considered eligible under the predemonstration criteria
- Everyone else is eligible under the expansion criteria

To test the reliability of these criteria, respondents who reported their social security numbers were classified by both data in the Medicaid files and the survey responses. The survey response-based algorithm correctly classified 75 percent of the Tennessee sample and 89 percent of the Hawaii sample, leaving 8.7 percent of Tennessee and 5.9 percent of Hawaii sample members incorrectly classified.⁶ Because parents were better able to report their own social security numbers than their children’s (67 percent versus 48 percent),⁷ children’s eligibility status was more likely than that of adults to be imputed. Because we were more likely to identify members of larger plans via the RDD sample, the number of people whose eligibility status was imputed disproportionately came from larger plans.

E. SAMPLE WEIGHTS

This section describes the calculation of sample weights for the RDD component and the weights that were used to combine the list and RDD frames in Hawaii and Tennessee (called multiplicity weights). Each respondent’s weight was calculated in several steps, with adjustments at the household, family, and individual level.

Household-Level Adjustments. Computing the household weights had three objectives:

- The weights should reflect any differences in probabilities of selection at the household level, and in response rates across strata

⁶The percent incorrectly classified was calculated by multiplying the proportion of the sample without social security numbers times the error rate in computing eligibility.

⁷Adults were more likely to refuse to report their child’s social security number than refuse to report their own (27.6 percent versus 19.2 percent). Adults were more likely not to know their child’s social security number than not to know their own (13.3 percent versus 24.4 percent).

- The sum of the weights for all households completing the screener should estimate, as accurately as possible, the total number of households in the state
- The weights for responding households reporting telephone service interruption should represent survey-eligible households that are substantially without telephone service

If eligibility rates are accurately measured by the questionnaire data, then the sum of the household weights will accurately estimate the number of survey eligible households in the state.

Household-level RDD weights are the product of six factors. The first three factors adjust for differences in probabilities of selection, eligibility, and response rates for the sample of screened households. Next, a poststratification adjustment was used so that the sum of the weights for all households (whether or not they were eligible for the survey) equals the census estimated total number of households for the state. The last two factors adjust for differences in telephone service.

The first weighting factor $HW1_{ihj}$ is the inverse of each telephone number's probability of selection. The sample was stratified; while we did not oversample to increase sample yield, there are some differences in probabilities of selection both across and within strata. If $P(TEL_{ihj})$ is the overall probability of selection of the i th telephone number in stratum h and state j , then:

$$HW1_{ihj} = 1/P(TEL_{ihj}).$$

The first two adjustments to this initial weight account for screening-level nonresponse at the household level. Briefly, the response rate adjustment is the ratio of an estimate of eligible households in each stratum to the weighted sum of all households in that stratum with a complete status. In making this adjustment, each telephone number was classified based on status codes assigned by interviewers, and information from screening questions, as:

- Complete household (*CMPL*)
- Eligible non-responding household (*NRESP*)

- Ineligible household (*INEL*)
- Households where eligibility was not determined (*UNKEL*)
- Not a household (not in service, nonresidential) (*NONHH*)
- Unknown if a household (*UNKHH*)

Using interview disposition data weighted with the initial weight, we computed several items needed to make the nonresponse adjustment.

- Estimates of total known households (*KHH*), the household hit rate (*HHhit*), estimated number of total households (*ESTHH*), the household eligibility rate (*HHer*), and the number of estimated eligible households (*ESTEL*). For each stratum⁸ within a state:

$$KHH_{hj} = CMPL_{hj} + NRESP_{hj} + INEL_{hj} + UNKEL_{hj}$$

$$HHhit_{hj} = KHH_{hj} / (KHH_{hj} + NONHH_{hj})$$

$$ESTHH_{hj} = KHH_{hj} + (HHhit_{hj} * UNKHH_{hj})$$

$$HHer_{hj} = ELIG_{hj} / (ELIG_{hj} + INEL_{hj})$$

$$ELIG_{hj} = COMPL_{hj} + NONRESP_{hj}$$

$$ESTEL_{hj} = COMPL_{hj} + NONRESP_{hj} + ERATE_{hj} (UNKEL_{hj}) + ERATE_{hj} (HHhit_{hj} \times UNKHH_{hj})$$

As can be seen, we then estimated the total number of households by using the household hit rate to impute household status where it is not known. Similarly, we used the eligibility rate to impute eligibility status where it was not known.

⁸Sampling strata are defined above in Section III.A. At this stage, we used the sampling strata as the strata for computing response rate adjustments.

The first adjustment to the initial weights were known households up to the sample estimate of all households:

$$ADJ1_{hj} = \frac{ESTHH_{hj}}{KHH_{hj}}$$

and

$$HW2_{ih} = HW1_{ih} * ADJ1_h$$

Because the weighted estimate (using $HW2$) of all households differed from Census projections of the number of households in the two states, we applied a ratio adjustment ($ADJ2$) to the household weights. This adjustment was the ratio of our external estimate of households per stratum to our estimate of all households in the stratum using $HW2_{ihj}$. The external estimate was calculated by multiplying the 1997 CPS estimate for the state by the proportion of households belonging to each stratum, as estimated by Genesys.⁹ Thus:

$$ADJ2_{hj} = \frac{External\ Estimate_{hj}}{Estimate\ Using\ HW2_{ihj}}$$

$$HW3_{ihj} = (HW2_{ihj})(ADJ2_{hj})$$

The number of estimated study-eligible households is derived in a manner similar to that used for the screening sample. Using the terms defined above, a second response adjustment factor becomes:

$$ADJ3_{hj} = ESTEL_{hj} / CMPL_{hj}$$

⁹CPS produces estimates for each state; Genesys produces estimates of households overall for each state and by stratum. The proportion of households in a stratum is the number of households Genesys estimates to be in that stratum, divided by the number of households estimated by Genesys to be in all strata in the state.

The household weight for interviewed households, adjusted for nonresponse, is:

$$HW4_{ihj} = (HW3_{ihj})(ADJ3_{hj})$$

The next step adjusts for differences between households in the number of telephone numbers reported by the respondents. Households with multiple telephone numbers had a greater chance of selection and thus should receive lower weights. The number of telephones in a household ($NPHONE_{ihj}$) is defined as one plus any reported additional phones not used exclusively for business ($ADDPHONE_{ihj}$).

If a respondent replied that there were additional phones but did not know how many or whether they were used for business, $ADDPHONE$ was set equal to 1. $ADDPHONE$ has a maximum value of 3.

$$ADJ4_{ihj} = 1 / NPHONE_{ihj}$$

$$HW5_{ihj} = (HW4_{ihj})(ADJ4_{ihj})$$

The next weighting adjustment was used to weight up those households that reported a telephone service interruption to represent the population of survey-eligible nonphone households. Respondents reporting some interruption (of two weeks or more) in telephone service in the 12 months prior to the survey were asked, for how many months they had been without telephone service. If a household had telephone service for only 4 out of the past 12 months, then the household can be thought to represent those households currently without telephone service but that also had service for 4 of the past 12 months.

In general, if a household had telephone service for x out of the past 12 months, the adjustment was the inverse of the fraction of the year it had telephone service. Thus the household in the example above would have its weight inflated by a factor of 3. The adjusted weight is calculated as:

$$ADJ5_{ihj} = \frac{12}{\text{months with service}} \text{ if any interruption reported, 1.0 otherwise}$$

where the months with service is 12 minus the months of interruption. Thus, the final household level weight becomes

$$HW6_{ihj} = (HW5_{ihj})(ADJ5_{ihj})$$

Family-Level Adjustments. The initial family level weights for family k in any interviewed household ($FW1_{kij}$) is the final household weight ($HW6_{ihj}$). Since families were not subsampled (all eligible families in eligible households were sampled), there is no probability adjustment factor. However, not all families were eligible, some eligible families did not respond, and there were some for whom eligibility was not determined. The family adjustment factor is thus quite similar to the household-level response adjustment. One adjustment factor per stratum was used.¹⁰ We computed weighted totals of completes ($FCMPL$), refusals and other nonresponders ($FNRESP$), ineligible ($FINEL$), and unknown ($FUNKEL$). Using the same approach as we used with households, we computed the estimated number of eligible families ($FESTEL_{bj}$), and

$$FADJ_{bj} = FESTEL_{bj} / FCMPL_{bj}$$

$$FW2_{kij} = (FW1_{kij})(FADJ_{bj})$$

Person-Level Adjustments. As described in Section III.C, we attempted to interview one randomly selected, eligible adult and one randomly selected, eligible child in each family in families with more than one eligible adult or child. Thus, the first adjustment at the person level is the inverse of the probability of selection within a family. For adults, this probability is the inverse of the number of eligible adults in the family; for children, it is the inverse of the number of eligible children in the family.

Next, we adjusted for nonresponse among sampled adults and children. As with the other response adjustments, we computed one factor per stratum. The adult and child response adjustment factors are similar to the household- and family-level response adjustment.

Finally, we applied a trimming procedure that is designed to set extremely high weights to a maximum value and that redistributed the “trimmed” weights to all untrimmed cases in the cell. The trimming-procedure cells were defined by child/adult, stratum, and whether an

¹⁰An alternative would have been to adjust within household, but this would have added considerably more variation to the weights.

interruption of telephone service was reported. The weights of all cases in the trimming cells were adjusted up, so that the weighted cell totals are the same (or very close to the same) after trimming as before.

Even after trimming, some estimates using weighted data may have high design effects. For this reason, we investigated the sources of variation in weights and found the major source to be length of telephone service interruption. Other important factors include number of telephones in the household and within-family selection probabilities. These factors can easily lead to large differences in weights.

Multiplicity Weights. The RDD weights described above allow inferences to be made about the entire study population, which include individuals covered by the demonstration programs and low-income uninsured people under age 65. The list frame surveys, described in the next section, included only those covered by the demonstration programs. To improve precision by making use of data from both surveys (in Tennessee and Hawaii), weights were constructed that are referred to as “multiplicity weights” (from the fact that respondents covered by the demonstration programs had multiple ways of being sampled for interviewing).

In creating the multiplicity weights:

- Each RDD survey respondent has an RDD weight
- Each list frame respondent has a list frame weight
- Each respondent from either frame that could have been selected from the other received a multiplicity weight

Individuals who could have been selected from either frame had multiple chances of selection. RDD frame respondents¹¹ had a chance of selection from the list frame if they identified themselves as being covered by one of the programs. List frame respondents who could have been interviewed by MPR calling them at home had a chance of selection in the RDD sample.

Our first step in constructing the multiplicity weights was to adjust the weights of the RDD respondents classified as being on the demonstration program so that their weighted total equalled the weighted total of the list frame respondents. Next, for those having

¹¹The term “respondents” includes those (for example, children) for whom information was provided by a proxy.

multiple chances of selection, we formed alternate weighting cells based on the weighting cell a person would have been assigned to had he or she been sampled from the other frame.

In the instance of RDD respondents, the alternate (list frame) weighting cell was defined by age (adult or child), managed care plan, and whether the person met eligibility due to the standard or expansion eligibility criteria. For list frame respondents, we assigned cells based on the stratum of the household telephone number. Where the telephone number was unknown, this was done based on the zip code. Weights for the alternate frame were based on the cell of the other frame. For list frame respondents, we also accounted for reports of multiple telephones and reports of telephone service interruption.

At the end of this process, each respondent with multiple chances of selection had two weights: his or her original frame weight (W_ORIG_i) and an alternate frame weight (W_ALT_i). If we consider a person's weight for a particular frame as representing the inverse of his or her chance of being interviewed (analogous to the way the initial weight is the inverse of the probability of selection), then we can express,

$$C_ORIG_i = 1/W_ORIG_i \text{ if } W_ORIG_i > 0$$

$$C_ORIG_i = 0 \text{ otherwise}$$

$$C_ALT_i = 1/W_ALT_i \text{ if } W_ALT_i > 0$$

$$C_ALT_i = 0 \text{ otherwise}$$

Then, analogous to the formula used to compute the overall probability of selection where there are two chances of selection, and sampling is done without replacement:

$$C_MULT_i = C_ORIG_i + (1 - C_ORIG_i) (C_ALT_i)$$

and

$$W_MULT_i = 1/C_MULT_i$$

The sum of these multiplicity weights differed from the sum of the list frame weights, so they were scaled accordingly.

CHAPTER IV

THE LIST FRAME SURVEYS

A. GENERAL INFORMATION ABOUT LIST FRAME SURVEYS

List frame samples can be used for surveys when a complete list of a population is available and a survey sample can be drawn from the list because each member of the population has a known chance of being included in the sample. Thus, states' Medicaid administrative records can be used as sampling frames for surveys of Medicaid enrollees.

State Medicaid programs forwarded their complete eligibility files to MPR, where files were processed and stratified by particular attributes such as managed care plan. The cases and individuals to be interviewed were randomly sampled from the list. To minimize non-response bias, interviewers placed multiple calls to locate the sampled respondent and encourage participation in the survey.

List frame surveys were used to supplement the RDD surveys in Tennessee and Hawaii. We drew samples of program enrollees in plans where the RDD surveys had not generated the needed target sample size by the time the target sample size for the comparison group of uninsured was met. As expected, we relied on the list frame survey to interview members of smaller plans who were harder to identify via the RDD sample. Identifying enough members from the smaller plans to have equal sample sizes for each of the managed care plans was cost-prohibitive. We also conducted one list frame survey in Oklahoma and one in Rhode Island. Because Oklahoma had no expansion program, identifying a comparison group via an RDD sample was unnecessary. In Rhode Island, which did have a small expansion program, we did not attempt to identify expansion group members through an RDD survey because it would have cost too much.

B. LIST FRAME SAMPLE SELECTION

State Medicaid eligibility files constituted the sample frame for the list frame surveys. In drawing the sample, we determined which managed care plans to include. In Tennessee and Hawaii, the plans for the list frame sample were the same as those screened for in the RDD

sample.¹ In Oklahoma and Rhode Island, we used the same criteria for selecting plans for the list frame survey as we did for selecting plans for the RDD survey. Plans were selected with probability proportionate to the size of their enrollment. In addition, plans had to be operational for at least a year prior to the survey. Three plans were sampled in Rhode Island—Harvard Community Health Plan, Neighborhood Health Plan of Rhode Island, and United Health Plan of Rhode Island. The Blue Chip Coordinated Health Partners/HMO of Rhode Island was excluded. In Oklahoma, we selected Blue Lincs, Community Care, and Heartland. Because Oklahoma uses primary care case managers to serve Medicaid enrollees in rural areas, we considered this group a managed care plan.² It was also selected. Foundation and Prime Advantage were excluded.

Next, we selected cases within plans. Cases are equivalent to families in the RDD sample frame. The case-selection process began by excluding individuals who were not eligible to be interviewed. Because we wished to limit the sample to individuals for whom Medicaid was the primary insurer, people on Medicare were excluded. We also wished to interview only Medicaid beneficiaries for whom managed care enrollment was mandatory under the Section 1115 demonstrations. Thus, all enrollees 65 or older were excluded. In addition, those not in a plan for at least 3 months or not in one of the selected plans were excluded from the sampling frame.

Once ineligible cases were excluded from the frame, we selected individuals from each case. Within each case, one adult, one child, or one adult and one child was selected. Adults served as proxies for children.

C. SAMPLE PLAN

Our goal was to conduct 250 interviews in each managed care plan, except in the PCCM group in Oklahoma, where the target was 300 interviews. Our original target was 14,000 interviews: 1,600 uninsured (800 from Wave 1 and 800 from Wave 2), and 1,600 interviews with individuals eligible because of the expansion (400 per state per wave). The remaining interviews were to be with individuals eligible under the predemonstration Medicaid rules, with targets ranging from 475 to 530 per plan. Budgetary constraints caused us to reduce this target to 6,300 interviews: 1,400 uninsured and 250 per plan (300 in the PCCM).

In Oklahoma and Rhode Island, we created replicates and released sample incrementally to achieve as high a response rate as possible per plan, given the limitations of the contact information. We took eligibility, locatability, and cooperation rates into account when

¹In the RDD survey, if families had more than one eligible managed care plan, we selected individuals with probability proportionate to the size of the plan.

²Both the demonstration and the primary care case management program (PCCM) are called SoonerCare.

deciding the amount of sample to release. In Tennessee and Hawaii, the sample release plan was more complicated because it involved not only plans, but also eligibility criteria within plans. In Wave 1, we planned the list frame release by estimating the number of interviews expected from the RDD survey. In Wave 2, we calculated our goal by subtracting the actual number of Wave 1 interviews conducted for each stratum. Then we released list frame sample based on the number of RDD interviews expected. As in the list frame-only states, we took eligibility, locatability, and cooperation rates into account when planning sample releases. Table 2 shows the number of completed interviews by wave, sample frame, and managed care plan.

D. TIMING OF THE LIST FRAME SURVEYS AND RESPONSE RATES

We began the list frame surveys in Tennessee and Hawaii shortly after each wave of RDD interviewing was under way. The first wave began in March 1998 and lasted six months. The second wave began in May 1999 and lasted eight months. The Oklahoma and Rhode Island surveys were concurrent with the second wave of list frame surveys in Tennessee and Hawaii.

Poor quality of information on the sample frame can be a disadvantage when conducting a list frame survey. Even if a list is complete and each member has a known probability of selection, the lists themselves or the contact data on the lists can be out-of-date, which makes locating survey respondents more difficult. Because response rates are calculated by dividing completed interviews by total eligible sample, nonlocatable cases reduce response rates. The overall response rate for the list frame sample was 53 percent; it ranged from 45 percent in Hawaii to 58 percent in Rhode Island. The graph in Exhibit 4 shows locatability rates, response rates, and cooperation rates for each state. It demonstrates that response rates and locatability rates are inversely correlated.

In list frame surveys, there are two major sources of nonresponse: those who could not be located for participation and those who were located but refused to participate. Nearly one-third (30 percent) of the list frame sample could not be located, even after we expended considerable locating resources and effort. Refusal rates were low (approximately three percent). Another one percent could not be interviewed due to language or other barriers, and five percent of the cases were located but not interviewed after multiple, unsuccessful contact attempts. Table 3 shows the final dispositions by state and survey wave.

The cooperation rate is defined as completed interviews divided by sample points contacted.³ On average, we interviewed 86 percent of all the sample members located. Cooperation rates were higher than average in Rhode Island (91 percent), and lower than average (76 percent) in Hawaii, where we encountered significant language and cultural barriers.

³Some survey organizations report cooperation rates and call them “response rates.”

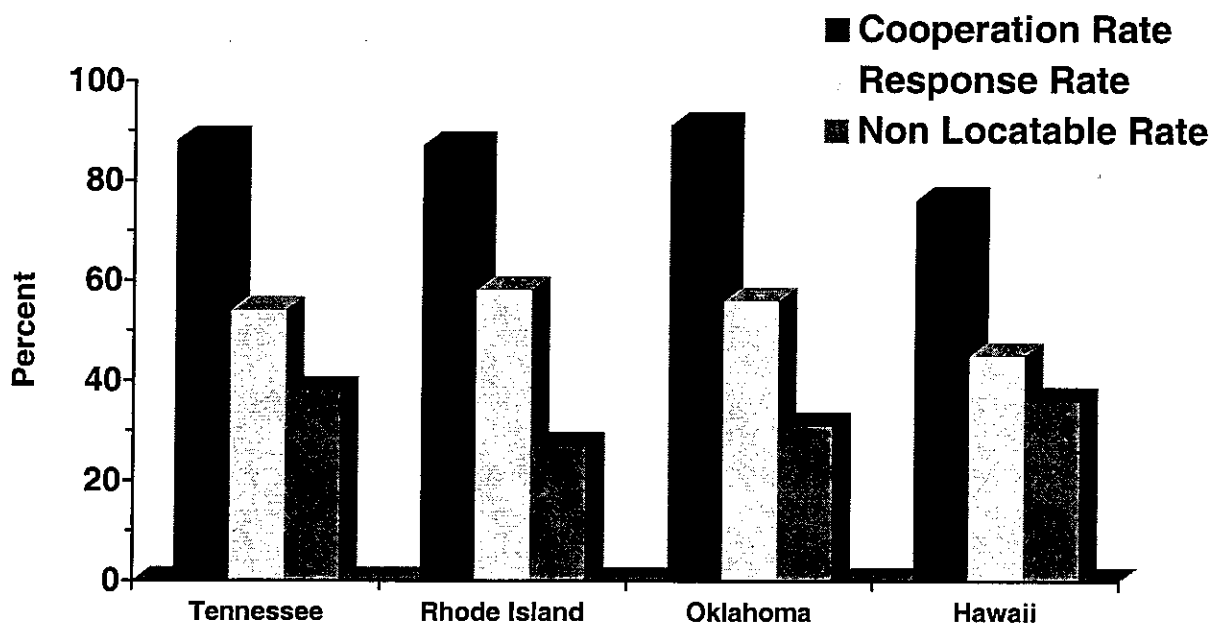
TABLE 2

NUMBER OF COMPLETED INTERVIEWS BY WAVE, SAMPLING FRAME, AND MANAGED CARE

	Wave 1			Wave 2		
	RDD	List Frame	Total	RDD	List Frame	Total
Tennessee						
BlueCare	234	0	234	95	0	95
Access Med Plus	98	27	125	107	63	170
HealthNet	69	33	102	54	129	183
PHP	32	61	93	32	161	193
Omnicare	20	55	75	17	178	195
TLC	13	79	92	24	179	203
John Deere	9	76	85	22	186	208
Uninsured	404	0	404	291	0	291
						695
Hawaii						
HMSA	167	15	182	59	49	108
Aloha	62	68	130	44	84	128
Queens	55	62	117	28	119	147
Kaiser	37	83	120	31	123	154
Kapiolani	0	0	0	16	232	248
Uninsured	404	0	404	310	0	310
						714
Rhode Island						
Neighborhood	0	0	0	0	252	252
United	0	0	0	0	247	247
Harvard	0	0	0	0	248	248
Oklahoma						
Blue Lines	0	0	0	0	247	247
Community Care	0	0	0	0	238	238
Heartland	0	0	0	0	248	248
PCCM	0	0	0	0	301	301
Total	1,604	559	2,163	1,130	3,284	4,414
						6,577

SOURCES: Five State Household Surveys, Mathematica Policy Research, Princeton, NJ (1998-1999 and 1999-2000).
Survey of Medicaid Managed Care Enrollees, Mathematica Policy Research, Princeton, NJ (1998-1999 and 1999-2000).

EXHIBIT 4

STATE RESPONSE AND COOPERATION RATES
FOR THE LIST FRAME SURVEYS

SOURCE: Survey of Medicaid Managed Care Enrollees, Mathematica Policy Research, Princeton, NJ (1998-1999 and 1999-2000).

TABLE 3
LIST FRAME FINAL DISPOSITION CODES

	Wave 1		Wave 2			
	Tennessee	Hawaii	Tennessee	Hawaii	Rhode Island	Oklahoma
Interview						
Complete	331	228	898	607	747	1,034
Eligible, Non-Interview						
Refusal	22	8	57	43	58	60
Non-contact	27	116	55	69	26	37
Language	0	9	3	17	26	2
Unable to locate	317	208	544	541	427	725
Other	0	1	2	3	3	1
Not eligible						
Deceased	4	2	13	5	2	2
Not in waiver program	61	58	282	151	306	1,129

SOURCE: Survey of Medicaid Managed Care Enrollees, Mathematica Policy Research, Princeton, NJ (1998-1999 and 1999-2000).

The final nonlocatable rates for the list frame surveys ranged from 27 percent in Rhode Island to 36 percent in Tennessee. Although each state's files presented some locating challenges, Hawaii's files presented the most. Some Hawaii cases contained descriptive information ("third hut on the beach") instead of addresses, while many others contained no telephone numbers or incorrect numbers. Hawaiian telephone directories are island-based, while Directory Assistance operators are on the mainland. The island location was not indicated on the file. Consequently, operators often could not tell on which island to look for an address or telephone number. Similarly, in Oklahoma, files were very out-of-date, lacking both telephone area codes and zip codes, and the names of cities were often not spelled out. Twenty percent of the cases on the Oklahoma files were not participating in the Medicaid program when we reached them. In Rhode Island, telephone numbers could be five years old, since none of the telephone numbers on the file had been updated since the sample member enrolled in the RItE Care program. Most zip codes on the Tennessee file were incorrect, as were most of the telephone numbers. We expended extensive locating efforts in each of the four states. More than half the cost of these surveys was devoted to locating respondents. Our locating procedures are described below.

Locating Procedures. Locating efforts began with the advance letter mailed one week before interviewing began. The letter that introduced the study and encouraged participation was mailed "Address Service Requested," to help locate those not living at the address on the state file. The U.S. Postal Service returned undelivered letters with forwarding addresses when they were available. The letter contained a toll-free number and specifically requested that people without phones or with unlisted numbers call us. When an

“undeliverable” advance letter did not yield new information, we used one or more on-line databases, including the National Change of Address (NCOA) database to update addresses and phone numbers. In addition to researching telephone numbers by street address and generating all addresses or telephone numbers in an area for a particular last name, we called relatives and neighbors to ask them to give a message to the sample member.

We also sought data from other administrative records that may have been more current than the Medicaid files. In our experience, the administrative files for programs such as TANF and food stamp files are more up-to-date than Medicaid files. (They are updated more frequently, and for different purposes.) Rhode Island, for example, has a data system, called InRhodes, which contains telephone numbers that were more up-to-date than those in the Medicaid files. Although Rhode Island did not give us direct access to the InRhodes files, they offered to look up new phone numbers for “difficult-to-locate” cases. This effort added 263 completed interviews and 20 percentage points to our overall response rate. To help us locate “hard core” difficult-to-find sample members, the Tennessee Department of Human Services, during Wave 2 only, agreed to link our sample frame with their Tennessee Department of Human Services (TDHS) file. The TDHS file contains contact information for people on public programs, including food stamps. We looked for all cases that were not locatable.⁴

Ineligibility. Ineligible cases are subtracted from both the numerator and denominator when calculating response rates. The overall ineligible rate was 15.7 percent. Cases were considered ineligible when the selected sample member was deceased, not enrolled in one of the selected managed care plans, or not in the demonstration program for at least three months. Ineligibility is related to the accuracy of the state file. Oklahoma had the highest ineligibility rate (20 percent) because the file contained many cases who reported that they were not currently in the demonstration program. The lowest ineligibility rate was in Hawaii (10 percent). Chapter VI provides recommendations for states to improve the quality of their files.

⁴This search added 19 points to our overall response rate for the Tennessee survey of people with disabilities. We did not track the effect specifically for the Wave 2 survey.

E. LIST FRAME WEIGHTS

The weighting of list frame weights took the same approach in all states. Strata had been defined for sample selection, based on criteria such as plan, eligibility, and whether adult or child, so the initial weight (*WINIT*) for list frame individual *i* in stratum *b* in state *j* was the inverse of its probability of selection (p_{ij}):⁵

$$WINIT_{ij} = 1 / P_{ij} .$$

The weights were then adjusted for the response rate (RR_{hj}), which accounts for both ineligibility and nonresponse at the case level. Thus, if we define case-level interviewing status, using the same notation as employed above, in Section III.E, for households:

$$RRADJ_{hj} = 1 / RR_{hj}$$

$$RR_{hj} = \frac{CMPL_{hj}}{ESTEL_{hj}}$$

$$ADJWGT_{ij} = WINIT_{ij} (RRADJ_{hj})$$

For states with multiplicity weighting (Tennessee and Hawaii), further adjustments were made. These are described in the section on multiplicity weights in Chapter III.

F. SURVEY OF INDIVIDUALS WITH DISABILITIES

MPR conducted 1,070 additional interviews with TennCare members who were SSI recipients and had physical disabilities, mental illness, or mental retardation. These were the first surveys conducted solely by telephone for people with disabilities. We took extra care to accommodate people with disabilities and minimize proxy response. Our goals were (1) to give respondents with disabilities the opportunity to speak for themselves regarding issues that affect their health care, and (2) to provide our clients with a cost-effective way to collect data from SSI recipients. Had these surveys been conducted face-to-face instead of by

⁵Note that, in at least some states, selection was done in two phases: initial sampling from the frame and subsampling for release. In these cases, p_{ij} reflects both phases of sample selection.

telephone, they would have cost four times more—a cost that may have been prohibitively expensive. The response rate to the survey of people with disabilities was 67.3 percent. Few refused to participate. The cooperation rate was 96.5 percent. Most (87.0 percent) were able to respond without the aid of a proxy. Like the other surveys, the single, biggest source of nonresponse were sample members who could not be located by telephone. MPR also conducted 48 in-person interviews to validate the telephone data and achieved a 76 percent response rate for this survey. Twenty-one percent of the sample were not locatable, even though the in-person interviews were conducted only 6 to 12 months after the telephone survey. The cooperation rate was 96 percent. Full descriptions of these surveys are available in CyBulski et al. (1998), CyBulski and Ciemnecki (2000), and Ciemnecki et al. (2000).

CHAPTER V

SURVEY FIELDING AND IMPLEMENTATION

A. INTERVIEWER SELECTION AND TRAINING

Altogether, MPR trained 189 interviewers (63 in Wave 1 and 126 in Wave 2) in 18 study-specific training sessions. In addition, new interviewers attended MPR's standard general interviewer training program, which covers a variety of topics in three 4-hour sessions. Topics included obtaining cooperation, understanding bias, using probing methods, using the CATI system, documenting contact attempts, confidentiality, quality assurance, and administrative and human resource issues. A variety of media and methods were used in training, including a video tape on the role of the interviewer and bias, role-playing, and written exercises.

The study-specific interviewer training covered:

- The overall purpose and objectives of the survey
- General health care concepts
- A description of the state health care reform demonstrations
- A review of standardized interviewing techniques
- Procedures for introducing the study to respondents and gaining cooperation
- Productivity expectations
- A question-by-question review of the household screener and survey
- Role playing and probing exercises

The study-specific training also lasted 12 hours, spread over three 4-hour sessions. The training agenda is shown in Exhibit 5.

Following training, interviewers participated in interviewer and supervisor debriefings held throughout the field period. These sessions were used to answer interview questions, review refusal-avoidance techniques, discuss difficult situations, and provide interviewer support.

B. THE CATI SYSTEM

The Computer Assisted Survey Methods Program (CSM) of the University of California, Berkeley, called CASES, was used to collect all survey data.¹ More than 70 survey organizations, including the U.S. Bureau of the Census and Statistics Canada, are members of CSM.

Detailed reports were developed that enabled the survey management staff to evaluate the progress of the survey, compare actual costs and productivity with those budgeted, and identify interviewers who were experiencing below-average productivity. In addition, sample releases were facilitated through the use of the CATI status reports. We were able to track the number of completed cases by sampling strata and to release new sample based on our predetermined targets.

C. CALL SCHEDULING AND FOLLOW-UP EFFORTS

Calling the released sample was controlled by the CATI scheduler. The scheduling program randomly assigned sampled telephone numbers to interviewers, with nonscheduled calls based on optimal calling patterns dispersed over different times of the day and different days of the week. Firm appointments were scheduled within a 20-minute window; other appointments were scheduled within a 60-minute time period, based on information provided by the interviewer.

¹Neither the CSM staff nor the University of California bear any responsibility for the results or conclusions presented here.

EXHIBIT 5
TRAINING AGENDA

Topic/Presentation	Purpose (Technique)
Opening Exercise and Introduction	To introduce staff to each other and build camaraderie (staff sit back-to-back and interview each other without using visual cues. When interviews are completed, they introduce their partner to the group). A lecture is conducted introducing interviewers to the purpose of the study and stressing their value as members of the research team.
Overview of the Questionnaire	Lecture using slide showing list of questionnaire sections and time devoted to each. Provide a general overview of the questionnaire and serves as a segue way to the next topic.
Question-by Question Review of the Questionnaire	Trainer reviews each question as it appears on a large-screen CATI monitor. The trainer (1) reads each question as it should be asked and discusses its importance to the research agenda, (2) points out appropriate probes and answer categories, and (3) discusses errors commonly made when asking the question or recording the response.
Round-Robin Practice 1 (Using a list-frame sample example)	Interviewers take turns reading questions aloud from the large screen and entering responses into the CATI system while the trainer serves as respondent. This first case is designed to demonstrate the ease of going through the interview.
Discussion of Respondent Selection and Sample Frame	To introduce trainees to the different sample frames and introduce the concept of a screening interview
Item-by-Item Review of the Screener	Trainer reviews each item as it appears on a large-screen CATI monitor. The trainer reads each item as it should be asked and discusses its importance to the screening process. The trainer points out appropriate probes and answer categories.
Round-Robin Practice of Screening Cases	To demonstrate the various paths through the screening instrument and show how respondents in the RDD sample are selected for the study or screened ineligible.
Round-Robin Practice 2 (Using an RDD case as an example)	Interviewers take turns reading questions aloud from the large screen and entering responses into the CATI system while trainer serves as respondent. This is a more difficult case which requires probing and correcting previously answered questions.
Contacting Respondents, Addressing their Concerns, and Gaining Cooperation	Short lecture about the role that the interviewer plays in gaining cooperation and achieving high response rates. Review of commonly asked questions about the survey and proper interviewer responses. Role-playing, where one trainee is a respondent who is reluctant to participate and another trainee uses materials just presented to overcome objections.
Round Robin Practice Case 3 (Using an RDD case as an example)	Break up into groups of five trainees per each trainer. This is the most difficult of the round-robin cases. It requires extensive probing and moving around the instrument using CATI commands.
Debrief	To allow interviewers to raise questions that can be answered for the entire group.
Paired practice	Each trainee completes one interview with a training partner who serves as a respondent. Trainers circulate to answer questions and provide support.
Mock Contact Practice	On a telephone with survey supervisors serving as respondents.

Refusals were assigned to a subgroup of particularly skilled interviewers (known as “refusal converters”). Typically, to minimize the impact of the prior refusal, a two-week period was permitted before recontacting. Refusal converters used information about the reason and intensity of the prior refusal when planning their calls. In an RDD survey, two types of refusals are possible: refusals to the screener and refusals to the interview. Twenty-two percent of the RDD nonbusiness and working phone number sample refused at some point. We were able to convert 55 percent of the screener refusals and 62 percent of the interview refusals. For the list survey, 13 percent of the eligible sample refused to participate; we were able to convert 48 percent of these refusals. A group of Spanish-speaking interviewers was assigned cases in which the respondent preferred to be interviewed in Spanish.

For the RDD survey, we initially planned to limit follow-up efforts to 20 calls to determine whether a telephone number was residential. Because many telephones could not be classified as either residential or nonresidential after 20 calls, we increased this limit from 20 to 40 calls.

D. DATA EDITING, CODING, AND CLEANING

One of the most important advantages of computer-assisted surveys is that errors can be identified and corrected during the interview by building logic, range, and consistency checks into the program. The CATI program (CASES) also permits interviewers to back up and change answers to previously answered questions without violating instrument logic.

The survey questions were primarily closed ended, with the option on some questions for interviewers to provide text responses for answers that did not correspond to precoded categories. Additional codes were created based on these responses.

Because of differences in design, separate instrument programs were written for the RDD and list frame surveys. Separate editing programs that strictly enforced the questionnaire logic were written for each survey instrument. Interviews were certified as edited when all appropriate questions had either been answered or had been assigned an acceptable nonresponse value, and when all data for each interview were consistent with the instrument program logic.

CHAPTER VI

RECOMMENDATIONS FOR FUTURE TELEPHONE SURVEYS TO ASSESS MEDICAID PROGRAMS AND POLICIES

Poor contact information was the major challenge we faced in conducting the list frame surveys for the Evaluation of the Section 1115 Medicaid Reform Demonstrations. As mentioned earlier, the state Medicaid eligibility files lacked complete, accurate address information and telephone numbers. In some states, even the current eligibility data were incorrect. Incomplete or inaccurate contact information for members of survey samples lead to increased costs and decreased survey quality as measured by survey response rates. Low response rates are problematic because data from those less likely to respond (for example, minority or other subgroups) are more likely to be missing. In addition, the likelihood increases that responders differ from nonresponders in important ways.

We believe several relatively simple procedures could improve the quality of the contact data in state eligibility files:

- Update the automated files more frequently
- Keep addresses accurate and specific. Allow two lines for addresses, because the second line often includes apartment numbers. Spacing is important—1171 5th Street can look like 117 15th Street if the spacing is incorrect
- Include street numbers and accurate zip codes
- Use street addresses rather than general delivery or post office boxes
- Require street addresses, as well as post office boxes
- Use “Address Service Requested” on mailings because this service will return new addresses to the sender
- If a client is homeless, have the address of a friend or relative, rather than the program office address

- Include telephone numbers with up-to-date area codes in automated records; include unlisted telephone numbers and “message numbers” for people without telephones
- Use postcards to have clients mail in changes
- Coordinate with other agencies that may update addresses more frequently
- Ask for and record the name, address, telephone number, and relationship of someone who does not live with the recipient but who would know how to contact that person

These changes would not only improve survey quality, they also would help programs serve their intended beneficiaries. The Medicaid offices use the data to contact plan enrollees to let them know of renewals of coverage and opportunities to switch managed care plans. In states like Tennessee, with Medicaid programs that have expanded coverage to uninsured individuals, the files are used to contact those who lose Medicaid coverage, to offer them expansion coverage. The files are also used to find children eligible for SCHIP coverage. Finally, the Medicaid office pays managed care plans based on the files.

The consequences of poor contact data are serious. Vulnerable populations may lose health insurance coverage if the state is not able to contact them or to renew or extend coverage. In states with managed care, enrollees may not receive important notices about their coverage or may even be unaware of their coverage. This may be especially important in states offering continuous 12-month eligibility. Plans may effectively be overpaid relative to their actual caseloads. Accurate contact data can help ensure that program participants are truly eligible.

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APPENDIX A

CATI QUESTIONNAIRE

Evaluation of Five Section 1115 Medicaid Reform Demonstrations Survey

Health Plans:

Tennessee:

WPRG - TennCare
HP1 - Blue Cross/Blue Care
HP2 - Access Med Plus
HP3 - Phoenix/Health Net
HP4 - PHP (Preferred Health Partnership)
HP5 - Omnicare Health Plan
HP6 - TLC Family Care Health Plan
HP7 - John Deere Health Care
HP8 - Prudential Community Care
HP9 - Vanderbilt Health Plan

Hawaii:

WPRG - Quest or QuestNet
HP1 - HMSA (Hawaii Medical Service Assoc)
HP2 - Aloha Care
HP3 - Queens Health System
HP4 - Kaiser Permanente
HP5 - Kapiolani

Oklahoma:

WPRG - SoonerCare
HP1 - Heartland
HP2 - BlueLincs
HP3 - Community Care
HP4 - Prime Advantage
HP5 - SoonerCare

Rhode Island:

WPRG - RiteCare
HP1 - Neighborhood
HP2 - United
HP3 - Harvard
HP4 - Pilgrim
HP5 - Blue Chip

RDD SCREENING INTERVIEW

>s1< Hello, my name is _____. I'm conducting an important study for US Department of Health and Human Services that will determine if people are getting health care when they need it. It will only take a few minutes to determine if you are eligible and all the answers you give me are completely confidential.

<1> CONTINUE

<3> NON-RESIDENCE/GROUP QUARTERS/INSTITUTION/VACATION HOME
[ineligible end screener]

<7> CALLBACK [set a call back]

<8> PROBLEMS--LANGUAGE, SUPERVISOR REVIEW [put case in supervisor review]

<9> REFUSED [put case in first refusal]

==>

>s2< In order to determine which questions to ask you, I need to know. . .
Is anyone who lives in this household less than 65 years of age?

<1> YES

<0> NO [ineligible end screener]

<7> CALLBACK [set a call back]

<8> PROBLEMS--LANGUAGE, SUPERVISOR REVIEW [put case in supervisor review]

<9> REFUSED [put case in first refusal]

==>

>s3< Is anyone under 65 who lives in this household covered by [state's waiver plan name]?
PROBE: [State's waiver plan name] is a health care plan in [name of state] that has taken the place of Medicaid.

<1> YES [goto hhld - enumerate household]

<0> NO

<5> DON'T KNOW

<7> CALLBACK [set a call back]

<8> PROBLEMS--LANGUAGE, SUPERVISOR REVIEW [put case in supervisor review]

<9> REFUSED [put case in first refusal]

==>

>s4< Is anyone under 65 who lives in this household covered by Medicaid?

PROBE: Medicaid is a state public assistance program that pays for medical care for people who can't afford health insurance. It is different from Medicare, which is a federal health insurance program for people 65 and older and certain disabled persons under 65.

<1> YES [goto hhld - enumerate household]

<0> NO

<5> DON'T KNOW

<7> CALLBACK [set a call back]

<8> PROBLEMS--LANGUAGE, SUPERVISOR REVIEW [put case in supervisor review]

<9> REFUSED [put case in first refusal]

==>

>s5< Is everyone under 65 who lives in this household covered by a health insurance plan? Or, are some people under 65 who live there not covered by any health insurance plans?

PROBE: Health insurance plans come from many sources--current or former employers, insurance companies, HMO's, family members who may not live here, and government plans, such as Medicare, CHAMPUS, the VA, and GEICO.

<1> EVERYONE COVERED [ineligible - end interview]

<0> SOME PEOPLE NOT COVERED [goto hhld - enumerate household]

<7> CALLBACK [set a callback]

<8> PROBLEMS--LANGUAGE, SUPERVISOR REVIEW [put case in supervisor review]

<9> REFUSED [put case in first refusal]

==>

HOUSEHOLD ROSTER

>hhld<Please tell me the first names or initials of the people who are living or staying here. Begin with the person in whose name the house or apartment is owned or rented, and then the other people in the household. If there are more than 8 people in your household, please tell me the names of the people who either do not have health insurance or are on [state's waiver plan name] first. Be sure to include yourself. Only include people who have no other usual place of residence.

IF HOUSEHOLDER IS NOT LIVING THERE OR IS IN PRISON: Who in the household is financially responsible for paying the rent or paying most of the household bills?

<v> VACATION RESIDENCE, INSTITUTION OR GROUP QUARTERS [ineligible -end interview]

<1> [householder's name]

<2> [2nd person's name]

<3> [3rd person's name]

<4> [4th person's name]

<5> [5th person's name]

<6> [6th person's name]

<7> [7th person's name]

<8> [8th person's name]

<0> NO OTHER HOUSEHOLD MEMBERS

<x> DELETE A HOUSEHOLD MEMBER [delete a household member]

==>

>more< Have we missed anyone who usually lives here but is away at present: traveling, in school, or in a hospital.

PROBE: Include foster children, lodgers, boarders, and roommates.

IF YES: What are their first names or initials?

IF NO: CODE 0.

<1> [householder's name]

<2> [2nd person's name]

<3> [3rd person's name]

<4> [4th person's name]

<5> [5th person's name]

<6> [6th person's name]

<7> [7th person's name]

<8> [8th person's name]

<0> NO OTHER HOUSEHOLD MEMBERS

<x> DELETE A HOUSEHOLD MEMBER [delete a household member]

==>

>test< If more than one person in household use he/she fills. If only person in household use you fills. Repeat questions age1 through gcd1 for each person in the household.

>age@1< Beginning with [name of person in household], what is [his/her] age?

(IF ONLY ONE PERSON IN HOUSEHOLD QUESTION: What is your age?)

INTERVIEWER: IF R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE

<16-96>

==>

>sex@1< ... and sex?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

<1> MALE

<2> FEMALE

==>

>rel1< If person is 65 or older go to next person.

Is this the first time through the macro

YES - the relationship to householder is self. [store <0> in rel1]. Skip relationship question. Goto ins@1@1.

NO - goto rel@1.

>rel@1< What is [name of person in household]'s relationship to [name of householder]?

PROBE: Are [name of householder] and [name of person in household] living together as a couple?

<1> HUSBAND/WIFE

<2> MALE PARTNER/FEMALE PARTNER

<3> OWN/ADOPTED CHILD

<4> STEPCHILD

<5> FOSTER CHILD

<6> GRANDCHILD

<7> PARENT

<8> BROTHER/SISTER(STEP, ADOPTED OR FULL)

<9> SON/DAUGHTER-IN-LAW

<10> MOTHER/FATHER-IN-LAW

<11> OTHER RELATIVE

<12> NON-RELATIVE

==>

>ins@1< [Are/Is] [you/name of person in household] currently covered by any of the following health insurance plans?

INTERVIEWER ASK ALL.
CODE ALL THAT APPLY.

- <1> [name of state's waiver plan]? Medicaid?
- <2> Medicare?
- <3> Health insurance plans from current or former employers, insurance companies, HMO's, family members who may not live here, or military plans?

<n> NONE/NO OTHER RESPONSES
<x> TO DELETE A RESPONSE

==>

>test< If state is Hawaii goto ssi1.
If state is Tennessee goto tp11

>ssi1< [Do/Does] [you/name of person in household] currently receive SSI or Supplemental Security Income from the federal, state or local government?

<1> YES [goto tin1]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==>

>ssd1<[Do/Does] [you/name of person in household] currently receive Social Security Disability Benefits?

<1> YES [goto tin1]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==>

>tp11< Is person in the waiver plan or Medicaid?

YES - determine which plan (goto pln1).

NO = goto tin1.

[if ins@1 ne <1> goto tin1]

.>pln1< What is the name of the health plan [you/name of household member] [have/has] with [name of state's waiver plan] or Medicaid?

<1> [health plan 1]

<2> [health plan 2]

<3> [health plan 3]

<4> [health plan 4]

<5> [health plan 5]

<6> [health plan 6]

<7> [health plan 7]

<8> [health plan 8]

<9> [health plan 9]

<10> [health plan 10]

<11> [health plan 11]

<0> OTHER

<98> DON'T KNOW

<99> REFUSED

==>

>tin@1< Is person uninsured?

YES - goto vin@1

NO - goto next person in the household

If no more household members goto MAR@1 for marriage check.

>vin@1< Then [you/name of household member] [are/is] not currently covered by any government or private health insurance plan. Is that correct?

<1> CORRECT [goto res@1]

<0> INCORRECT [go back to ins@1 and reask insurance question]

==>

>res@1< [Are/Is] [you/name of household member] a resident of [name of state]?

<1> YES [goto usc@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tin1< Is there another person in the household?

YES - Goto next person in the household.

NO - Goto MAR@1 for marriage check.

>vin1<Then [name of household member] is not currently covered by any government or private health insurance plan. Is that correct?

<1> CORRECT [goto res1]

<0> INCORRECT [go back to ins1]

==>

>usc1<And, [are/is] [you/name of household member] a United States citizen?

PROBE: I understand that these questions may be sensitive. We are asking them to help understand differences in health care problems and needs.

<1> YES [goto 1AGE]

<0> NO

<8> DON'T KNOW

<9> REFUSED [goto 1AGE]

==>

>gcd1< Then [do/does] [you/name of household member] have a green card, or [do/does] [you/(he/she)] have some other visa or other residence status?

<1> GREEN CARD/RESIDENT ALIEN

<2> VISA

<3> OTHER STATUS

<0> NO

==>

BEGIN FAMILY FORMATION

>test< Is there another person in the household?

YES - Goto next person in the household.

NO - Goto MAR@1 for marriage check.

>MAR@1< For each person - Is person's age 14 or older and relationship to householder not self, husband, wife or partner

YES- goto mar@1.

NO - goto PAR@1

>mar@1< Is [name of person in household] married to anyone or living as a couple with anyone who currently lives here?

<1> YES

<0> NO [goto next person - if no further marriage checks goto PAR@1 for parent check]

==>

>sps@1< To whom is [name of person in household] married or living with as a couple?

<2> [2nd person's name]

<3> [3rd person's name]

<4> [4th person's name]

<5> [5th person's name]

<6> [6th person's name]

<7> [7th person's name]

<8> [8th person's name]

==>

>test< If sex is the same for both persons then verify sex, if age is less than 14 in sps@1 verify that age and person are correct.

>PAR@1<Is there a person in the household under age 18 whose relationship to the householder is not self or child?

YES - determine if parent is in household (goto par@1).

NO - form families (goto FAM@1).

>par@1< Is anyone who lives here the parent or guardian of [name of person in household]?

<1> YES

<0> NO [goto NPR@1]

==>

>who@1< Who is [name of person in household]'s parent or guardian?

INTERVIEWER: IF CHILD HAS TWO PARENTS/GUARDIANS, CODE MOTHER OR FEMALE GUARDIAN.

<1> [householder's name]

<2> [2nd person's name]

<3> [3rd person's name]

<4> [4th person's name]

<5> [5th person's name]

<6> [6th person's name]

<7> [7th person's name]

<8> [8th person's name]

==>

>test< If person selected in who@1 is less than age 14 verify age and name of person selected.

FORM FAMILIES

>FAM@1< Create families by putting spouse/partners in the same family, and linking children with parents (exclude foster children) who are under age 18 by putting them in the same family. Foster children form independent family.

DETERMINE INITIAL ELIGIBILITY FOR EACH PERSON

>elg@1< If age is 65 or older - not eligible

If foster child - not eligible

If person is uninsured

Is the person a resident of the state and either US citizen or green card holder

YES - eligible

NO - not eligible

Is person only on waiver plan or Medicaid?

YES in Tennessee

Is person in one of health plan 1 - 7

YES - eligible

NO - not eligible

YES in Hawaii

Does person receive SSI or Social Security Disability Benefits

YES - not eligible

NO - Is person in one of health plan 1 - 4

YES - eligible

NO - not eligible

NO - not eligible

All others - not eligible

SPIGOTS

>test< Eligible individuals only. How is spigot set?

ON (need more cases in that cell) - eligible

OFF (need no more cases in that cell) - not eligible

>test< FOR EACH FAMILY THAT HAS AT LEAST ONE ELIGIBLE PERSON:

Is someone in the waiver plan or Medicaid

YES - goto SEL1 (select adult, child, or adult and child)

NO - determine if income is eligible (goto it@1)

>it@1< During 1998, was ... [list names of all members in the family]'s income from all sources, before taxes and other deductions, above or below [amount that is 300% of poverty for the number of people in the family[?

<1> ABOVE THRESHOLD [family not eligible]

<0> BELOW THRESHOLD

<8> DON'T KNOW

<9> REFUSED

==>

SELECTION

>SEL1< Randomly select an eligible adult and an eligible child in each eligible family.

FIVE STATE HOUSEHOLD FAMILY SURVEY

Two types of insurance status:

- 1) Waiver Plan
- 2) Uninsured

Three types of interviews:

- 1) Adult alone
- 2) Child alone
- 3) Adult and Child

Two types of sample:

- 1) List Frame
- 2) Random Digit Dialing

Section A: Health Insurance

>test< Was case sampled as RDD?

YES - goto TEST

NO - Is interview type child alone?

YES - goto S1

NO - goto s1

>s1< [if no address on record goto s1a] Hello, this is _____ and I'm conducting a study for the US Department of Health and Human Services. May I please speak to [adult's first name] [adult's last name]. In this study we are trying to learn more about the experiences people have in getting health care when they need it. The results of this study will be used to help improve health care programs in [name of state]. All of your responses will be completely confidential. I'm not asking for money, I'd only like to ask a few questions.

<1> RESPONDENT IS AVAILABLE/ON PHONE/COMES TO PHONE [goto s1b]

<2> RESPONDENT DOES NOT LIVE THERE [send to searching]

<3> RESPONDENT NOT AVAILABLE BUT LIVES THERE -- CALLBACK[goto callback]

<5> RESPONDENT IS DECEASED [adult is ineligible]

<6> NEVER HEARD OF RESPONDENT [send to searching]

<8> LANGUAGE PROBLEM OR SUPERVISOR REVIEW REQUIRED [supervisor review]

<9> REFUSED [refused]

<0> [r]RESPONDENT WANTS MORE INFORMATION[n] [goto s1aa]

==>

>s1a< [equiv s1]Hello, this is _____ and I'm conducting a study for the US Department of Health and Human Services. May I please speak to [adult's first name] [adult's last name]. We recently sent you a letter about the study. In this study we are trying to learn more about the

experiences people have in getting health care when they need it. The results of this study will be used to help improve health care programs in [name of state]. All of your responses will be completely confidential. I'm not asking for money, I'd only like to ask a few questions.

- <1> RESPONDENT IS AVAILABLE/ON PHONE/COMES TO PHONE [goto s1b]
- <2> RESPONDENT DOES NOT LIVE THERE [send to searching]
- <3> RESPONDENT NOT AVAILABLE BUT LIVES THERE -- CALLBACK[goto callback]
- <5> RESPONDENT IS DECEASED [adult is ineligible]
- <6> NEVER HEARD OF RESPONDENT [send to searching]
- <8> LANGUAGE PROBLEM OR SUPERVISOR REVIEW REQUIRED [supervisor review]
- <9> REFUSED [refused]
- <0> [r]RESPONDENT WANTS MORE INFORMATION[n] [goto s1aa]

==>

>S1< [if no address of file goto S1A] [equiv s1]Hello, this is _____ and I'm conducting a study for the US Department of Health and Human Services. May I please speak to someone who is knowledgeable about [child's first name] [child's last name]'s healthcare? In this study we are trying to learn more about the experiences people have in getting health care when they need it. The results of this study will be used to help improve health care programs in [name of state]. All of your responses will be completely confidential. I'm not asking for money, I'd only like to ask a few questions.

- <1> RESPONDENT IS AVAILABLE/ON PHONE/COMES TO PHONE [goto s2]
- <2> RESPONDENT DOES NOT LIVE THERE [send to searching]
- <3> RESPONDENT NOT AVAILABLE BUT LIVES THERE -- CALLBACK[goto callback]
- <5> [child's name] IS DECEASED [child is ineligible]
- <6> NEVER HEARD OF [child's name] [send to searching]
- <8> LANGUAGE PROBLEM OR SUPERVISOR REVIEW REQUIRED [supervisor review]
- <9> REFUSED [refused]
- <0> [r]RESPONDENT WANTS MORE INFORMATION[n] [goto S1aa]

==>

>S1A< [equiv s1]Hello, this is _____ and I'm conducting a study for the US Department of Health and Human Services. May I please speak to someone who is knowledgeable about [child's first name] [child's last name]'s healthcare? We recently sent you a letter about the study. In this study we are trying to learn more about the experiences people have in getting health care when they need it. The results of this study will be used to help improve health care programs in [name of state]. All of your responses will be completely confidential. I'm not asking for money, I'd only like to ask a few questions.

<1> RESPONDENT IS AVAILABLE/ON PHONE/COMES TO PHONE [goto s2]
<2> RESPONDENT DOES NOT LIVE THERE [send to searching]
<3> RESPONDENT NOT AVAILABLE BUT LIVES THERE -- CALLBACK[goto callback]
<5> [child's name] IS DECEASED [child is ineligible]
<6> NEVER HEARD OF [child's name] [send to searching]
<8> LANGUAGE PROBLEM OR SUPERVISOR REVIEW REQUIRED [supervisor review]
<9> REFUSED [refused]
<0> [r]RESPONDENT WANTS MORE INFORMATION[n] [goto S1aa]

==>

>s1b< [if adult only goto s2a] We will also have some questions about [child's name]. Are you
[child's name]'s parent, guardian, or primary care giver?

<1> YES [goto s1e]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> [goto s1c]

>s1c< Does [fill CHLD]'s parent, guardian, or primary care giver live in this household?

<1> YES [goto s1d]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> [goto s2aa]

>s1d< ENTER THE PARENT/GUARDIAN'S FIRST NAME OR ASK
(May I have the first name of [child's name]'s parent, guardian, or primary care-giver?

==>

>REP2< Adult and child interview will be separated. First go through interview with adult as an
adult alone and then go through interview with respondent from s1d as child alone.

>s1e< What is [child's name]'s relationship to [name in s1d]?

- <3> OWN/ADOPTED CHILD
- <4> STEPCCHILD
- <5> FOSTER CHILD [child is ineligible]
- <6> GRANDCHILD
- <8> BROTHER/SISTER(STEP, ADOPTED OR FULL)
- <11> OTHER RELATIVE
- <12> NON-RELATIVE

==>[goto s2a]

>s2< ENTER THE RESPONDENT'S FIRST NAME OR ASK
(First may I have your first name in case we are disconnected)

==>

>s2a< [if adult's age is not missing
[if PAGE gt <>][store PAGE in s2a][goto s2c][endif]

How old are you?

<16-115>

<8> DON'T KNOW

<9> REFUSED [goto ref]

==>

IF ADULT ONLY OR CHILD INTERVIEW REQUIRES A SECOND RESPONDENT SKIP
TO THE START OF THE INTERVIEW

>s2c<[if s2a gt <9>][store s2a in Page][endif]
[if s2a ge <8>][store PAGE in Page][endif][store PSEX in Psex][if CSFG eq <> goto s6]
[if CAGE gt <2>][store CAGE in s2c][goto s6][endif]
[#changed so we ask for children under 3 4/7/98 jjm]

How old is [fill CHIL]?

<0-20>

<997> CHILD DECEASED [goto s2aa]

<998> DON'T KNOW

<999> REFUSED [goto ref]

==>[goto s6]

>s1aa< We have selected [you] and other people on [name of waiver plan] at random to represent all people in those programs.

I'll be asking questions about the health care that you [and] [child's name] receive and about how you feel about that health care.

Your participation in this survey is completely voluntary and your responses will be kept strictly confidential. The questions should take about 20-30 minutes to answer.

ENTER <g> TO CONTINUE

==>[goto s1b]

>S1aa< [equiv s1aa] We have selected [you] and other people on [name of waiver plan] at random to represent all people in those programs.

I'll be asking questions about the health care that you [and] [child's name] receive and about how you feel about that health care.

Your participation in this survey is completely voluntary and your responses will be kept strictly confidential. The questions should take about 20-30 minutes to answer.

ENTER <g> TO CONTINUE

==>[goto s2]

>TEST< If insurance status is waiver plan:

If interview type is adult alone or adult and child goto a0

If interview type is child alone goto a0C.

If insurance status is uninsured:

If interview type is adult alone or adult and child goto x1.

If interview type is child alone goto x1C.

>a0/VA0< I understand that you are enrolled in [name of state's waiver plan]. Is this correct?

<1> YES [goto A1]

<2> WAS BUT NO LONGER ENROLLED [goto tta0]
<0> NO, NEVER ENROLLED

<8> DON'T KNOW
<9> REFUSED

==>

>a0a< [Name of state's waiver plan] is a health care plan in [name of state] that has taken the place of Medicaid.

TYPE <g> TO CONTINUE ==>

>a0t< Let me check again, are you in [name of state's waiver plan]?

IF NOT IN OR NOT SURE THEN PROBE :

You may know [name of state's waiver plan] by another name. You may be enrolled in [name of state's waiver plan] through [health plan 1], [health plan 2], [health plan 3], [health plan 4], [health plan 5], [health plan 6], [health plan 7], [health plan 8], [health plan 9], [health plan 10].

PROBE: Are you enrolled in the HMO through [name of state's waiver plan]?

<1> IS IN PLAN THROUGH [name of state's waiver plan] [goto A1]
<0> NOT IN [name of state's waiver plan]

<8> DON'T KNOW
<9> REFUSED

==>

>tta0< If interview type is adult alone - ineligible end interview

If interview type is adult and child interview changes to child alone, goto a0C

>A1/VA1<I'd like to start by asking you some questions about your health coverage.

Have you been enrolled in [name of state's waver plan] for the past 3 months?

<1> YES [goto a1]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> ineligible

>a1/VA1_2< For how many of the last 12 months, that is, since [month one year ago today], [year one year ago today], have you been enrolled in [name of state's waiver plan]?

<3-12> MONTHS[goto ta2]

<98> DON'T KNOW

<99> REFUSED

==>[goto a2]

>ta2< Was adult in waiver plan for 12 months?

YES - Is state Tennessee or Hawaii

YES - goto a1a

NO - goto taCH

NO - goto a2.

>a1a/VA1A< How many years have you been enrolled in [name of state's waiver plan]?

<1-64> YEARS [goto macro ARR]

<98> DON'T KNOW

<99> REFUSED

==> [goto a1b]

>a1b/VA1B< Have you been enrolled in [fill WPRG] less than 2 years, between 2 and 3 years, between 3 and 5 years, or more than 5 years?

<1> LESS THAN 2 YEARS

<2> 2 TO 3 YEARS

<3> MORE THAN 3 YEARS TO 5 YEARS

<4> MORE THAN 5 YEARS

<8> DON'T KNOW

<9> REFUSED

==> [goto macro ARR]

>a2/VA2< For how many of the last 12 months have you been without health coverage?

<0> NONE, HAD INSURANCE FOR ENTIRE 12 MONTHS

<1-9> MONTHS[goto a2a]

<98> DON'T KNOW

<99> REFUSED

==>[goto a3]

>a2a/VA2A< What was the main reason you didn't have health coverage?

<1> TOO EXPENSIVE

<2> REFUSED HEALTH INSURANCE DUE TO POOR HEALTH

<3> WAS NOT ELIGIBLE FOR MEDICAID

<4> DID NOT KNOW HOW TO APPLY

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>ta3< If number of months in waiver plan plus the number of months uninsured equals 12 goto taCH,
else goto a3.

>a3/VA3< For how many of the last 12 months did you have other health coverage?

<0> MONTHS

<1-9> MONTHS [goto Va4]

<98> DON'T KNOW

<99> REFUSED

==> [goto taCH]

>Va4< Verify number of months from a1, a2 and a3 equal 12.

>a3a/VA3A< What kind of health coverage did you have? Did you have...

<1> a private insurance plan that you purchased,

<2> a private insurance plan provided by an employer,

<3> Medicare,

<4> Some other state or locally funded medical insurance for people who cannot afford coverage
or,

<5> CHAMPUS, CHAMPVA or some other Veteran's Administration Health Plan?

<8> DON'T KNOW

<9> REFUSED

==>

>t12x< If state is OK and health plan is HP5 (SoonerCare) don't ask about health plan goto taCH, else start MACRO ARR for adult.

MACRO ARR

>12@1/VA_12P< Now I would like you to think about the health plan [you/child's name] [have/has] with [name of state's waiver plan].

I understand you are currently enrolled in (plannname). Is that correct?

<1> YES [goto 12a@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto 12@1a]

>12@1a/VA_12PA< What is the name of the health plan [you/child's name] [have/has] with [name of state's waiver plan]?

<1> [health plan 1]

<2> [health plan 2]

<3> [health plan 3]

<4> [health plan 4]

<5> [health plan 5]

<6> [health plan 6]

<7> [health plan 7]

<8> [health plan 8]

<9> [health plan 10]

<10> [health plan 11]

<0> OTHER (SPECIFY AND END WITH ///)

<98> DON'T KNOW

<99> REFUSED

==>

>test< In TN health plans 1-7 are eligible plans and in HI health plans 1-5 are eligible plans. The sample member is ineligible if not in an eligible plan.

>12a@1/VA_12AP< How long [have/has] [you/child's name] belonged to [health plan name]?

<1-11> MONTHS OR YEARS [goto 12p@1]

<98> DON'T KNOW

<99> REFUSED

==> [GOTO taCH]

>12p@1/VA_12PP< ENTER PERIOD

<1> MONTHS

<2> YEARS

==>

>test< If enrolled <3 mos. in current plan go to 12b@1, else go to taCH

>12b@1/VA_12BP< What is the name of the health plan you had just before [plan]?

<1> [health plan 1]

<2> [health plan 2]

<3> [health plan 3]

<4> [health plan 4]

<5> [health plan 5]

<6> [health plan 6]

<7> [health plan 7]

<8> [health plan 8]

<9> [health plan 10]

<10> [health plan 11]

<0> OTHER (SPECIFY AND END WITH ///)

<97> NO HEALTH PLAN BEFORE WITH [name of state's waiver plan] [verify no previous plan - if no previous plan sample member is ineligible]

<98> DON'T KNOW

<99> REFUSED

==>

>test< Verify that previous health plan is different than current health plan

>12c@1/VA_12CP< Why did you change health plans?

CODE ALL THAT APPLY.

VACPA<1> DON'T LIKE THE CHOICE OF DOCTORS

VACPB<2> DON'T GET TO SEE THE DOCTOR YOU CHOOSE

VACPC<3> DON'T LIKE THE QUALITY OF CARE YOU RECEIVED

VACPD<4> TOO DIFFICULT TO GET A REFERRAL FOR A SPECIALIST

VACPE<5> TOO DIFFICULT TO GET AN APPOINTMENT
VACPF<6> DON'T LIKE THE WAY STAFF TREAT YOU
VACPG<7> THE DOCTOR'S LOCATION
VACPH<8> OTHER PLAN BETTER DOCTOR'S
VACPI<9> OTHER PLAN HAS BETTER QUALITY
VACPJ<10> OTHER PLAN HAS BETTER BENEFITS
VACPK<0> OTHER (SPECIFY AND END WITH ///)

<98> DON'T KNOW

<99> REFUSED

>taCH< If interview type is Adult alone goto a9a.
If selected child is less than 1 year old goto ACHL.
Else goto aCHL. Different introductions.

>aCHL/ACHL< Since [month one year ago today], [year one year ago today], has [child's first name]'s health coverage situation been exactly the same as yours or has [he/she] had different health coverage than you just told me about for yourself?

<1> EXACTLY THE SAME [goto a9a]

<0> DIFFERENT IN ANY WAY

<8> DON'T KNOW

<9> REFUSED

==>[goto CHQ]

>ACHL/ACHL< Since birth, has [child's first name]'s health coverage situation been exactly the same as yours or has [he/she] had different health coverage than you just told me about for yourself? [equiv aCHL]

<1> EXACTLY THE SAME [goto a9a]

<0> DIFFERENT IN ANY WAY

<8> DON'T KNOW

<9> REFUSED

==>[goto CHQ]

>CHQ< Child health insurance section

>a0C/VA0< I understand that [child's first name] is enrolled in [name of state's waiver plan]. Is this correct?

<1> YES [goto AC1]

<2> WAS BUT NO LONGER ENROLLED[goto Ta1C]

<0> NO, NEVER ENROLLED

<8> DON'T KNOW

<9> REFUSED

==>

>a0aC< [Name of state's waiver plan] is a health care plan in [name of state] that has taken the place of Medicaid. It is a managed care plan or HMO.

TYPE <g> TO CONTINUE ==>

>a0tC/A0TC< Let me check again, is [child's first name] in [name of state's waiver plan]?

IF NOT IN OR NOT SURE THEN PROBE :

You may know [name of state's waiver plan] by another name. [He/She] may be enrolled in [name of state's waiver plan] through [health plan 1], [health plan 2], [health plan 3], [health plan 4], [health plan 5], [health plan 6], [health plan 7], [health plan 8], [health plan 9], [health plan 10].

PROBE: Are you enrolled in the HMO through [name of state's waiver plan]?

<1> IS IN PLAN THROUGH [name of state's waiver plan] [goto aC1]

<0> NOT IN [name of state's waiver plan]

<8> DON'T KNOW

<9> REFUSED

==>

>Ta1C< If interview type is child alone, the child is ineligible end interview.

If interview type is adult and child, the child is ineligible change interview type to adult alone.

>AC1/VA1< Has [child's first name] been enrolled in [name of state's waver plan] for the past 3 months?

<1> YES [goto aC1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [child ineligible]

>aC1/VA1_2< For how many of the last 12 months, that is, since [month one year ago today],
[year one year ago today], has [he/she] been enrolled in [name of state's waiver
plan]?

<3-12> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>ta2C<Was child in waiver plan for 12 months?

YES - Is state Tennessee or Hawaii

YES - goto a1aC

NO - goto a9a

NO - goto aC2.

>a1aC/VA1A<How many years has [child's first name] been enrolled in [name of state's waiver
plan]?

<1-17> YEARS [goto macro ARR]

<98> DON'T KNOW

<99> REFUSED

==> [goto aC1b]

>aC1b/VA1B<Has [he/she] been enrolled in [fill WPRG] less than 2 years, between 2 and 3 years,
between 3 and 5 years, or more than 5 years?

<1> LESS THAN 2 YEARS

<2> 2 TO 3 YEARS

<3> MORE THAN 3 YEARS TO 5 YEARS

<4> MORE THAN 5 YEARS

<8> DON'T KNOW

<9> REFUSED

==> [goto macro ARR]

>aC2/VA2< For how many of the last 12 months has [he/she] been without health coverage?

<0> NO MONTHS

<1-11> MONTHS[goto aC2a]

<98> DON'T KNOW

<99> REFUSED

==>[goto aC3]

>aC2a/VA2A<What was the main reason [he/she] didn't have health coverage?

<1> TOO EXPENSIVE

<2> REFUSED HEALTH INSURANCE DUE TO POOR HEALTH

<3> WAS NOT ELIGIBLE FOR MEDICAID

<4> DID NOT KNOW HOW TO APPLY

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>taC3<If the number of months in the waiver plan plus the number of months uninsured equals 12 goto a9a. If the number of months in the waiver plan plus the number of months uninsured is greater than 12 verify the number of months in waiver plan and the number of months uninsured. If the number of months in the waiver plan plus the number of months uninsured is less than 12 goto aC3.

>aC3/VA3< For how many of the last 12 months did [he/she] have other health coverage?

<0-9> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>a3aC/VA3A<What kind of health coverage did [he/she] have? Did [he/she] have...

<1> a private insurance plan that you purchased,

<2> a private insurance plan provided by an employer,

<3> Medicare,

<4> Some other state or locally funded medical insurance for people who cannot afford coverage or,

<5> CHAMPUS, CHAMPVA or some other Veteran's Administration Health Plan?

<8> DON'T KNOW

<9> REFUSED

====> [goto Macro ARR for child]

>a9a/VA9A< Did you have any problems enrolling in [name of state's waiver plan]?

<1> YES[goto a9b]

<0> NO

<8> DON'T KNOW

<9> REFUSED

====>[goto test before A10]

>a9b/VA9B< What problems did you have enrolling in [name of state's waiver plan]?

CODE ALL THAT APPLY

VA9BA<1> UNDERSTANDING INFORMATION ABOUT ELIGIBILITY, BENEFITS
OUT OF POCKET EXPENSES, CO-PAYMENTS, OR PREMIUMS

VA9BB<2> HAVING TO MAKE MORE THAN ONE TRIP TO ENROLL

VAPBC<3> GETTING ALL OF THE DOCUMENTS TO PROVE ELIGIBILITY

VA9BD<4> WAY TREATED BY STAFF

VA9BE<5> TIME IT TOOK TO RECEIVE MEMBERSHIP CARD

VA9BF<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

====> [goto ta9c]

>ta9c< If more than one reason determine what was the biggest problem.

>a9c/VA9C< What was the biggest problem you had enrolling in [name of state's waiver plan]?

INTERVIEWER: ASTERISKED RESPONSES ARE ONLY VALID RESPONSES

<1> UNDERSTANDING INFORMATION ABOUT ELIGIBILITY, BENEFITS
OUT OF POCKET EXPENSES, CO-PAYMENTS, OR PREMIUMS

<2> HAVING TO MAKE MORE THAN ONE TRIP TO ENROLL

<3> GETTING ALL OF THE DOCUMENTS TO PROVE ELIGIBILITY

<4> WAY TREATED BY STAFF

<5> TIME IT TOOK TO RECEIVE MEMBERSHIP CARD

<0> OTHER

<8> DON'T KNOW
<9> REFUSED

==>

>test< If state is OK or MD skip premium questions and goto ta11.

>A10< Next, I would like to ask about premiums.

TYPE <g> TO CONTINUE==>

>test< If child alone goto a10d.

>a10/VA10< How much, if anything, do you pay for your membership in [name of state's waiver plan]?

INTERVIEWER : ENTER AMOUNT HERE AND TIME PERIOD ON NEXT SCREEN.

<0> NOTHING
<1-9000> DOLLARS [goto Va10]

<9998> DON'T KNOW
<9999> REFUSED

==>[goto t10d]

>Va10< Verify that an entry of 998, 98, 999, or 99 is valid.

>a10p/VA10P< ENTER TIME PERIOD HERE :

<1> PER WEEK
<2> EVERY 2 WEEKS
<3> PER MONTH
<4> QUARTERLY
<5> TWICE A YEAR
<6> PER YEAR

==>

>a10c/VA10C< Including yourself, how many people does that premium cover?

PROBE: The premium you just told me about.

<1-7> PEOPLE

<8> DON'T KNOW

<9> REFUSED

==>

>t10d< If adult alone goto ta11. If child alone goto a10d.

>a10d/VA10< How much, if anything, do you pay for [child's first name]'s membership in [name of state's waiver plan]?

INTERVIEWER : ENTER AMOUNT HERE AND TIME PERIOD ON NEXT SCREEN.

<0> NOTHING

<1-9000> DOLLARS [goto V10a]

<9997> CHILD'S PREMIUM INCLUDED IN ADULT'S PREMIUM

<9998> DON'T KNOW

<9999> REFUSED

==>[goto ta11]

>V10a< Verify that an entry of 998, 98, 999, or 99 is valid.

>10dp/VA10P< ENTER TIME PERIOD HERE :

<1> PER WEEK

<2> EVERY 2 WEEKS

<3> PER MONTH

<4> QUARTERLY

<5> TWICE A YEAR

<6> PER YEAR

==>

>a10D/VA10C< Including [child's first name], how many people does that premium cover?

PROBE: The premium you just told me about.

<1-7> PEOPLE

<8> DON'T KNOW

<9> REFUSED

==>

>ta11< Is this a child alone interview?

YES - goto t11c.

NO - goto a11.

>a11/VA11< In the last three months, have you paid anything out of pocket for doctor visits, hospital stays, or prescription drugs for yourself?

<1> YES [goto A11]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto t11c]

>A11/VA11_AMT< How much did you pay? Was it . . .

<1> less than \$25,

<2> between \$25 and \$50,

<3> \$51 to \$100, or

<4> more than \$100?[goto A11B]

<8> DON'T KNOW

<9> REFUSED

==>[goto a11b]

>A11B/VA11B< Was it more than \$200?

<1> YES [goto A11b]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto a11b]

>A11b/VA11B_LD< What was this for?

CODE ALL THAT APPLY

VA_11BA<1> DOCTOR VISITS

VA_11BB<2> HOSPITAL STAYS

VA11_BC<3> PRESCRIPTION DRUGS

VA11_BD<0> OTHER [specify]

<8> DON'T KNOW

<9> REFUSED

==>

>a11b/VA11BRMB< Were you or do you expect to be reimbursed by [name of state's waiver plan]
for any of these expenses you paid out-of-pocket?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>t11c< Is interview adult alone?

YES - goto ta12

NO - goto a11c

>a11c/VA11< In the last three months, have you paid anything out of pocket for doctor visits, hospital
stays, or prescription drugs for [child's first name]?

<1> YES [goto a11d]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto ta12]

>a11d/VA11_AMT< How much did you pay? Was it . . .

<1> less than \$25,

<2> between \$25 and \$50,

<3> \$51 to \$100, or

<4> more than \$100? [goto A11D]

<8> DON'T KNOW

<9> REFUSED

==>[goto a11f]

>A11D/VA11B< Was it more than \$200?

<1> YES [goto a11e]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto a11f]

>a11e/VA11B_LD< What was this for?

CODE ALL THAT APPLY

VA_11BA<1> DOCTOR VISITS

VA_11BB<2> HOSPITAL STAYS

VA_11BC<3> PRESCRIPTION DRUGS

VA_11BD<0> OTHER [specify]

<8> DON'T KNOW

<9> REFUSED

==>

>a11f/VA11BRMB< Were you or do you expect to be reimbursed by [name of state's waiver plan] for any of these expenses you paid out-of-pocket?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>ta12< Go through macro separately for adult and child. If state is OK and health plan is SoonerCare (HP5) goto 20@1 else goto 13a@1.

>13@1/VA_13A< When you initially joined [current health plan/past health plan if switcher], did you choose [current health plan/past health plan if switcher], or [were/was] [you/child's name] assigned to this plan?

<1> CHOSE PLAN [goto 14@1]

<2> ASSIGNED TO PLAN

<8> DON'T KNOW

<9> REFUSED

==> [goto 20@1]

>14@1/VA_14A< Did you get your first choice of health plans with [name of state's waiver plan]?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>15@1/VA_15A< What was the most important reason you decided to join [current health plan/past health plan if switcher]?

PROBE: Which of those reasons was the most important reason?

DOCTORS: <1> SM's DOCTOR WAS IN THE PLAN
<2> DOCTOR SM WANTED WAS IN THE PLAN
<3> REPUTATION OF PLAN'S DOCTORS
<4> PARTICULAR TYPE OF SPECIALIST AVAILABLE

HOSPITAL: <5> LIKE HOSPITALS AVAILABLE

REPUTATION:<6> REPUTATION OF THE PLAN

LOCATION: <7> TRAVEL TIME TO / LOCATION OF THE DOCTOR'S OFFICE

OTHER: <0> OTHER (SPECIFY AND END WITH //)

<98> DON'T KNOW [goto 18@1]

<99> REFUSED [goto 18@1]

==>

>a16@1/VA16A< Were there any other reasons you decided to join [current health plan/past health plan if switcher]?

INTERVIEWER : ASTERISKED RESPONSE IS MOST IMPORTANT REASON

CODE ALL THAT APPLY

VA_16AA<1> SM's DOCTOR WAS IN THE PLAN

VA_16AB<2> DOCTOR SM WANTED WAS IN THE PLAN

VA_16AC<3> REPUTATION OF PLAN'S DOCTORS

VA_16AD<4> PARTICULAR TYPE OF SPECIALIST AVAILABLE

VA_16AE<5> LIKE HOSPITALS AVAILABLE

VA_16AF<6> REPUTATION OF THE PLAN

VA_16AG<7> TRAVEL TIME TO / LOCATION OF THE DOCTOR'S OFFICE

VA_16AH<0> OTHER (SPECIFY AND END WITH //)
<n> NONE/NO ONE/NO OTHER RESPONSES

<98> DON'T KNOW

<99> REFUSED

==> [goto 18@1]

>18@1/VA_18A< Did you receive any information or advice to help you choose [current health plan/past health plan if switcher] with [name of state's waiver plan]?

<1> YES [goto 19@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto 20@1]

>19@1/VA_19A< How useful was the information or advice? Would you say it was . . .

<1> very useful,

<2> somewhat useful,

<3> or, not at all useful?

<8> DON'T KNOW

<9> REFUSED

==>

>20@1/VA_20A< Would you recommend [current health plan/past health plan if switcher] to a friend or relative?

<1> YES [goto 21@1]

<0> NO

<8> DON'T KNOW [goto 21@1]

<9> REFUSED

==> [goto 22@1]

>21@1/VA_21A< Would you recommend [current health plan/past health plan if switcher] to a friend or relative with a chronic or serious health problem?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>22@1< end macro

>t12X< Repeat questions 13@1 to 22@1 (MACRO ANEW) for child if adult and child are in different health plans in the waiver plan. If child alone ask MACRO ANEW for child. If adult alone goto TA11.

>ax1a/VAX1A< How long were you a member of [name of state's waiver plan]?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<1-65> DAYS, WEEKS, MONTHS, OR YEARS

<98> DON'T KNOW [goto ax1c]

<99> REFUSED [goto ax1c]

==>

>ax1b/VAX1B< CODE PERIOD HERE

<1> DAYS

<2> WEEKS

<3> MONTHS

<4> YEARS

==>

>ax1c/VAX1C< Why are you no longer a member of [name of state's waiver plan]?

CODE ALL THAT APPLY

VXXCA<1> NO LONGER ELIGIBLE FOR [name of state's waiver plan]

VXXCB<2> CANNOT AFFORD

VXXCC<3> GOT COVERAGE FROM ANOTHER SOURCE (EMPLOYER OR SPOUSE'S EMPLOYER)

VXXCD<4> THE STATE TERMINATED MY COVERAGE

VXXCE<0> OTHER(SPECIFY)

<8> DON'T KNOW
<9> REFUSED
<n> NO OTHER RESPONSE
<x> TO DELETE A RESPONSE

==> [if adult alone end interview - if adult and child goto aCHL]

>aX1a/VAX1A< How long was [child's first name] a member of [name of state's waiver plan]?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<1-65> DAYS, WEEKS, MONTHS, OR YEARS

<98> DON'T KNOW [goto aX1c]
<99> REFUSED [goto aX1c]

==>

>aX1b/VAX1B< CODE PERIOD HERE

<1> DAYS
<2> WEEKS
<3> MONTHS
<4> YEARS

==>

>aX1c/VAX1C< Why is [child's first name] no longer a member of [name of state's waiver plan]?

CODE ALL THAT APPLY

VXXCA<1> NO LONGER ELIGIBLE FOR [name of state's waiver plan]
VXXCB<2> CANNOT AFFORD
VXXCC<3> GOT COVERAGE FROM ANOTHER SOURCE (EMPLOYER OR SPOUSE'S
EMPLOYER)
VXXCD<4> THE STATE TERMINATED MY COVERAGE
VXXCE<0> OTHER(SPECIFY)

<8> DON'T KNOW
<9> REFUSED
<n> NO OTHER RESPONSE
<x> TO DELETE A RESPONSE

====> [if child alone end interview - if adult and child goto a9a]

>TA11< goto section B

>x1/VX1< I'd like to begin by asking a few questions about health coverage.

I understand that you have no health coverage. Is that correct?

<1> YES[goto x2a]

<0> NO [goto x2]

==>

>x2/VX2< Do you now have any health coverage?

<1> YES

<0> NO[goto x2A]

<8> DON'T KNOW

<9> REFUSED

==>[goto tx3]

>x2A/VX2A< Have you been without health coverage for the past 3 months?

<1> YES [goto x2a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [adult ineligible]

>x2a /VX2A< What is the main reason you don't have health coverage?

<1> TOO EXPENSIVE

<2> REFUSED HEALTH INSURANCE DUE TO POOR HEALTH

<3> WAS NOT ELIGIBLE FOR MEDICAID

<4> DID NOT KNOW HOW TO APPLY

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>tx3< If uninsured goto x6 (x1 eq 1). Otherwise goto x5.

>x5/VX5< Do you belong to [name of state's waiver plan]?

<1> YES [goto tx5]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>x4< In [name of state], [fill most] Medicaid clients were asked to sign up with another plan called [name of state's waiver plan] that took the place of Medicaid.

TYPE <g> TO CONTINUE ==>

>x4t/VX4T< Let me check again, are you in [name of state's waiver plan]?

IF NOT IN OR NOT SURE THEN PROBE :

You may know [name of state's waiver plan] by another name. You may be enrolled in [name of state's waiver plan] through [health plan 1], [health plan 2], [health plan 3], [health plan 4], [health plan 5], [health plan 6], [health plan 7], [health plan 8], [health plan 9], [health plan 10].

PROBE: Are you enrolled in the HMO through [name of state's waiver plan]?

<1> IS IN PLAN THROUGH [name of state's waiver plan] [goto tx5]

<0> NOT IN [name of state's waiver plan]

<8> DON'T KNOW

<9> REFUSED

==>[adult ineligible]

>tx5< If in waiver plan then goto a1 and change from uninsured to waiver plan. Else goto x6.

>x6/VX6< For how many of the last 12 months, that is since [month one year ago], [year one year ago], have you been without health coverage?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<3-12> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>tX6A< If uninsured for 12 months then goto x14, otherwise goto x7, ask about months with health coverage.

>x7/VX7< For how many of the last 12 months did you have health coverage?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<0-9> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>x8/VX8< What kind of health coverage did you have? Did you have...

<1> a private insurance plan that you purchased,

<2> a private insurance plan provided by an employer,

<3> Medicare,

<4> Some other state or locally funded medical insurance for people who cannot afford coverage or,

<5> CHAMPUS, CHAMPVA or some other Veteran's Administration Health Plan, or

<6> [name of state's waiver plan]

<8> DON'T KNOW

<9> REFUSED

==>

>x14/VX14< Have you ever been a member of [name of state's waiver plan]?

PROBE: [name of state's waiver plan] is a health care plan in [name of state] that has taken the place of Medicaid.

<1> YES [goto x14a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

====> [goto txCH]

>x14a/VX14A< How long were you a member of [name of state's waiver plan]?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<1-65> DAYS, WEEKS, MONTHS, OR YEARS

<98> DON'T KNOW [goto x14c]

<99> REFUSED [goto x14c]

==>

>x14b/VX14B< CODE PERIOD HERE

<1> DAYS

<2> WEEKS

<3> MONTHS

<4> YEARS

==>

>x14c/VX14C_LD< Why are you no longer a member of [name of state's waiver plan]?

CODE ALL THAT APPLY

VX_14CA<1> NO LONGER ELIGIBLE FOR [name of state's waiver plan]

VX_14CB<2> CANNOT AFFORD

VX_14CC<3> GOT COVERAGE FROM ANOTHER SOURCE (EMPLOYER OR SPOUSE'S
EMPLOYER)

VX_14CD<4> THE STATE TERMINATED MY COVERAGE

VX_14CE<0> OTHER(SPECIFY)

<8> DON'T KNOW

<9> REFUSED

<n> NO OTHER RESPONSE

<x> TO DELETE A RESPONSE

==>

>txCH< If interview type is adult alone goto tx15.
If interview type is adult and child goto xCHL.
If interview type is child alone goto x1C.

>xCHL/XCHL< We have been talking about your health coverage. Now I would like to ask about any health coverage that [child's first name] has had. During the last 12 months, has [child's first name]'s health coverage situation been exactly the same as yours or has [he/she] had different health coverage than you just told me about for yourself?

<1> EXACTLY THE SAME [goto tx15]

<0> DIFFERENT IN ANY WAY

<8> DON'T KNOW

<9> REFUSED

==>[goto x2C]

>x1C/VX1< I understand that [child's first name] has no health coverage. Is that correct?

<1> YES[goto x2aC]

<0> NO [goto x2C]

==>

>x2AC/VX2A< Has [child's first name] been without health coverage for the past 3 months?

<1> YES [goto x2C]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [child ineligible]

>x2C/VX2< Does [child first name] now have any health coverage?

<1> YES

<0> NO[goto x2aC]

<8> DON'T KNOW

<9> REFUSED

==>[goto tx3C]

>x2aC/VX2A_LD< What is the main reason [he/she] doesn't have health coverage?

<1> TOO EXPENSIVE

<2> REFUSED HEALTH INSURANCE DUE TO POOR HEALTH

<3> WAS NOT ELIGIBLE FOR MEDICAID

<4> DID NOT KNOW HOW TO APPLY

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>tx3C< If uninsured goto x6C (x1C eq 1). Otherwise goto x5C.

>x5C/VX5< Does [he/she] belong to [name of state's waiver plan]?

<1> YES [goto tx5C]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>x4C< In [name of state], [fill most] Medicaid clients were asked to sign up with another plan called [name of state's waiver plan] that took the place of Medicaid.

TYPE <g> TO CONTINUE ==>

>x4tC/VX4T< Let me check again, is [child's first name] in [name of state's waiver plan]?

IF NOT IN OR NOT SURE THEN PROBE :

You may know [name of state's waiver plan] by another name. [She/He] may be enrolled in [name of state's waiver plan] through [health plan 1], [health plan 2], [health plan 3], [health plan 4], [health plan 5], [health plan 6], [health plan 7], [health plan 8], [health plan 9], [health plan 10].

PROBE: Are you enrolled in the HMO through [name of state's waiver plan]?

<1> IS IN PLAN THROUGH [name of state's waiver plan] [goto tx5C]

<0> NOT IN [name of state's waiver plan]

<8> DON'T KNOW

<9> REFUSED

==> [child ineligible]

>tx5C< If in waiver plan then goto aC1 and change from uninsured to waiver plan. Else goto x6C.

>x6C/VX6< For how many of the last 12 months, that is since [current month], [year one year ago], has [he/she] been without health coverage?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<3-12> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>tX6C< If uninsured for 12 months then goto x14C, otherwise goto x7C, ask about months with health coverage.

>x7C/VX7< For how many of the last 12 months did [he/she] have health coverage?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<0-9> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>x8C/VX8< What kind of health coverage did [he/she] have? Did [he/she] have...

<1> a private insurance plan that you purchased,

<2> a private insurance plan provided by an employer,

<3> Medicare,

<4> Some other state or locally funded medical insurance for people who cannot afford coverage or,

<5> CHAMPUS, CHAMPVA or some other Veteran's Administration Health Plan, or

<6> [name of state's waiver plan]?

<8> DON'T KNOW

<9> REFUSED

==>

>x14C/VX14< Has [he/she] ever been a member of [name of state's waiver plan]?

PROBE: [Name of state's waiver plan] is a health care plan in [name of state] that has taken the place of Medicaid.

<1> YES [goto X14a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tx15]

>X14a/VX14A< How long was [he/she] a member of [name of state's waiver plan]?

INTERVIEWER: CODE FREQUENCY HERE AND PERIOD ON THE NEXT SCREEN.

<1-65> DAYS, WEEKS, MONTHS, OR YEARS

<98> DON'T KNOW [goto X14c]

<99> REFUSED [goto X14c]

==>

>X14b/VX14B< CODE PERIOD HERE

<1> DAYS

<2> WEEKS

<3> MONTHS

<4> YEARS

==>

>X14c/VX14C< Why is [child's name] no longer a member of [name of state's waiver plan]?

CODE ALL THAT APPLY

<1> NO LONGER ELIGIBLE FOR [name of state's waiver plan]

<2> CANNOT AFFORD

<3> GOT COVERAGE FROM ANOTHER SOURCE (EMPLOYER OR SPOUSE'S
EMPLOYER)

<4> THE STATE TERMINATED MY COVERAGE

<0> OTHER(SPECIFY)

<8> DON'T KNOW

<9> REFUSED

<n> NO OTHER RESPONSE

<x> TO DELETE A RESPONSE

==>

>tx15< If parent or child is in waiver plan , or if parent or child had previously belonged to the waiver plan then goto tx16, otherwise goto x15.

>x15/VX15< Had you heard of [name of state's waiver plan] before today?

PROBE: [name of state's waiver plan] is a health care plan in [name of state] that has taken the place of Medicaid.

<1> YES [goto x15a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tx18]

>x15a/VX15A< Had you tried to enroll in [name of state's waiver plan]?

<1> YES [goto tx16]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>x15b/VX15B< Why did you not try to enroll in [name of state's waiver plan]?

INTERVIEWER : CODE ALL THAT APPLY.

INTERVIEWER : IF RESPONDENT SAYS ONE OF THESE THINGS ACTUALLY HAPPENED, GO BACK AND CORRECT x15a.

VX15BA<1> DID NOT KNOW HOW

VX15BB<2> DID NOT KNOW I WAS ELIGIBLE

VX15BC<3> THOUGHT IT WOULD BE TOO EXPENSIVE

VX15BE<5> DID NOT NEED IT/HAD OTHER COVERAGE

VX15BF<6> STATE NOT ACCEPTING NEW ENROLLEES

VX15BG<0> OTHER

<8> DON'T KNOW

<9> REFUSED

==> [goto tx18]

>tx16< If x15a eq 1, had previously tried to enroll in the waiver plan use tried to enroll, otherwise use enrolled in.

>x16a/VX16A< Did you have any problems when you [enrolled in/tried to enroll in] in [name of state's waiver plan]?

<1> YES[goto x16b]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto tx18]

>x16b/VX16B< What problems did you have enrolling in [name of state's waiver plan]?

PROBE: Did you have any other problems?

CODE ALL THAT APPLY

VX16BA<1> UNDERSTANDING INFORMATION ABOUT ELIGIBILITY, BENEFITS

OUT OF POCKET EXPENSES, CO-PAYMENTS, OR PREMIUMS

VX16BB<2> HAVING TO MAKE MORE THAN ONE TRIP TO ENROLL

VX16BC<3> GETTING ALL OF THE DOCUMENTS TO PROVE ELIGIBILITY

VX16BD<4> WAY TREATED BY STAFF

VX16BE<5> TIME IT TOOK TO RECEIVE MEMBERSHIP CARD

VX16BF<0> OTHER (SPECIFY AND END WITH //)

<8> DON'T KNOW

<9> REFUSED

==>

>x17< What was the biggest problem you had enrolling in [name of state's waiver plan]?

INTERVIEWER: ASTERISKED RESPONSES ARE ONLY VALID RESPONSES

<1> UNDERSTANDING INFORMATION ABOUT ELIGIBILITY, BENEFITS

OUT OF POCKET EXPENSES, CO-PAYMENTS, OR PREMIUMS

<2> HAVING TO MAKE MORE THAN ONE TRIP TO ENROLL

<3> GETTING ALL OF THE DOCUMENTS TO PROVE ELIGIBILITY

<4> WAY TREATED BY STAFF

<5> TIME IT TOOK TO RECEIVE MEMBERSHIP CARD

<0> OTHER

<8> DON'T KNOW

<9> REFUSED

==>

>tx18< Is interview type child alone?

YES - goto x18c

NO - goto x18

>x18/VX18< In the last three months, have you paid anything out of pocket for doctor visits, hospital stays, or prescription drugs for yourself?

<1> YES[goto X18]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto t18c]

>X18/VX18_AMT< How much did you pay? Was it . . .

<1> less than \$25,

<2> between \$25 and \$50,

<3> \$51 to \$100, or

<4> more than \$100?[goto X18A]

<8> DON'T KNOW

<9> REFUSED

==>[goto t18c]

>X18A/VX18A< Was it more than \$200?

<1> YES [goto x18b]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto t18c]

>x18b/VX18B< What was this for?

CODE ALL THAT APPLY

VX18BA<1> DOCTOR VISITS

VX18BB<2> HOSPITAL STAYS

VX18BC<3> PRESCRIPTION DRUGS
VX18BD<0> OTHER [specify]

<8> DON'T KNOW
<9> REFUSED

==>

>t18c< Is interview type adult alone?
YES - goto XX
NO - goto x18c

>x18c/VX18< In the last three months, have you paid anything out of pocket for doctor visits, hospital stays, or prescription drugs for [child's first name]?

<1> YES[goto x18d]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==>[goto XX]

>x18d/VX18_AMT< How much did you pay? Was it . . .

<1> less than \$25,
<2> between \$25 and \$50,
<3> \$51 to \$100, or
<4> more than \$100?[goto x18D]

<8> DON'T KNOW
<9> REFUSED

==>[goto XX]

>x18D/VX18A< Was it more than \$200?

<1> YES [goto x18e]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> [goto XX]

>x18e/VX18B< What was this for?

CODE ALL THAT APPLY

VX_18BA<1> DOCTOR VISITS

VX_18BB<2> HOSPITAL STAYS

VX_18BC<3> PRESCRIPTION DRUGS

VX_18BD<0> OTHER [specify]

<8> DON'T KNOW

<9> REFUSED

==>

>XX< goto section B

Section B: USUAL SOURCE OF CARE, ACCESS, AND CONTINUITY OF CARE

>b1a@1/VB1_A< My next questions are about the people and places that [you/child's name] [go/goes] to for medical care.

Is there a particular doctor's office, clinic, health center, or other place that you usually go to if [you/(he/she)] [are/is] sick or you need advice about [your/(his/her)] health?

<1> YES [goto b2@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>b1@1/VB1< Why [don't/doesn't] [you/(he/she)] have a particular place or person [you/(he/she)] [go/goes] to for medical care?

CODE ALL THAT APPLY

PROBE : Are there any other reasons?

VB1A<1> HAVE TWO OR MORE USUAL DOCTORS OR PLACES

VB1B<2> DON'T NEED A DOCTOR OFTEN ENOUGH

VB1D<4> DOCTOR YOU USED TO GO TO NOT IN PLAN

VB1E<5> HAVE TO TRAVEL TOO FAR TO SEE A DOCTOR

VB1F<6> HAVE NOT BEEN ABLE TO FIND A DOCTOR YOU LIKE

VB1G<7> COST IS TOO EXPENSIVE

VB1H<0> OTHER REASON (SPECIFY AND END WITH ///)

<98> DON'T KNOW

<99> REFUSED

==> [goto b3a@1]

>b2@1/VB2< Where [do/does] [you/(he/she)] usually go?

<1> TO ENTER NAME OF THE PLACE [goto b2A@1]

<8> DON'T KNOW

<9> REFUSED

==> [goto b2a@1]

>b2A@1/VB2A_NM< ENTER THE NAME OF THE PLACE:

==>

>b2a@1/VB2A< INTERVIEWER CODE WITHOUT ASKING, IF KNOWN.

What type of place is that--a doctor's office or group practice, an HMO office or facility, a clinic or health center, a hospital emergency room, a hospital outpatient department or some other place?

<1> PRIVATE DOCTOR'S OFFICE OR GROUP PRACTICE

<2> HMO OFFICE OR FACILITY

<3> CLINIC OR HEALTH CENTER [goto baa@1]

<4> HOSPITAL EMERGENCY ROOM

<5> HOSPITAL OUTPATIENT DEPARTMENT

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>[goto b3@1]

>baa@1/VBAA< What type of clinic or health center is it? Is it a . . .

<1> Private doctor's clinic

<2> HMO clinic,

<3> Hospital clinic,

<4> Clinic or health center at work,

<5> Clinic or health center at school,

<6> Community, neighborhood or family health center,[goto Bab@1]

<7> Rural health center, or[goto Bab@1]

<0> Some other clinic or health center (SPECIFY)

<8> DON'T KNOW

<9> REFUSED

==>[goto b3@1]

>Bab@/VBAB< Is this a community mental health center?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>b3@1/VB3< [In the last 12 months / Since you/child's name have/has been a member of name of waiver plan / Since you/child's name have/has been without health coverage], have you changed the particular doctor's office, clinic, health center, or other place that you usually go to if [you/(first name of child)] [are/is] sick or you need advice about [your/(his/her)] health?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto b6b@1]

>b3a@1/VB3A< [In the last 12 months / Since you/child's name have/has been a member of name of waiver plan / Since you/child's name have/has been without health coverage], was there a particular doctor's office, clinic, health center, or other place that you usually went to if [you/(first name of child)] [were/was] sick or you needed advice about [your/(his/her)] health that you no longer go to?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>b6b@1/VB6B< [During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage], [have/has] [you/child's name] gone to a doctor or other health care provider either because [you/(he/she)] [were/was] sick or for a check-up?

<1> YES [goto tb7P]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tb4@1]

>tb7P<If b1@1 equals 1 - has usual source of care use introduction iB7@1. If no usual source of care use introduction b7@1.

If no usual source of care use the following fills: about; the place you went to for care; and past tense verbs.

If there is a usual source of care use the following fills: the actual name of the usual source of care from b2@1; when you are sick, about; and present tense verbs.

>ib7@1< Please answer the next questions about [name of usual source of care].

TYPE <g> TO CONTINUE ==> [goto B7@1]

>ib7@1< Please answer the next questions about [your/(his/her)] last doctor's visit.

TYPE <g> TO CONTINUE ==>

>b7@1/VB7< Did [you/child's name] have an appointment ahead of time or did you just walk in?

<1> APPOINTMENT AHEAD OF TIME

<2> JUST WALKED IN[goto b9h@1]

<8> DON'T KNOW

<9> REFUSED

==>[goto b8@1]

>B7@1/VB7< Not counting emergencies, when [you/child's name] [go/goes] for medical care do you usually have an appointment ahead of time or do you just walk in? [equiv b7@1]

PROBE : Do not include medical visits because of emergencies.

<1> APPOINTMENT AHEAD OF TIME

<2> JUST WALK IN[goto b9h@1]

<3> SOMETIMES APPOINTMENT, SOMETIMES NOT

<8> DON'T KNOW

<9> REFUSED

==>

>b8@1/VB8< [When you are sick about / When (he/she) is sick about / About] how many days [do/did] you [usually/(blank if no usual source of care)] have to wait between making an appointment and the day of [your/(his/her)] visit?

PROBE: Do not include medical visits because of emergencies.

INTERVIEWER : ENTER NUMBER CORRESPONDING TO ANSWER CATEGORY,

NOT NUMBER OF DAYS.

- <1> SAME DAY OR NEXT DAY
- <2> TWO OR THREE DAYS
- <3> FOUR TO SEVEN DAYS
- <4> EIGHT DAYS TO THREE WEEKS
- <5> MORE THAN THREE WEEKS
- <6> IT VARIES
- <7> NEVER BEEN SICK

- <8> DON'T KNOW
- <9> REFUSED

==>

>b9h@1/VB9H< About how long [does/did] it [usually/(blank if no usual source of care)] take you to get from home to [name of usual source of care / the place you/(he/she) went to for care]?

PROBE : ONE WAY ONLY.

PROBE : On average, how long does it take?

INTERVIEWER : ENTER HOURS HERE AND MINUTES ON THE NEXT SCREEN.

- <0> LESS THAN ONE HOUR[goto b9m@1]
- <1-6> HOURS[goto b9m@1]

- <8> DON'T KNOW
- <9> REFUSED

==> [goto b10@1]

>b9m@1/VB9M< ENTER MINUTES HERE:

<0-59> MINUTES

==>

>b10@1/VB10< Once you [get/got] there about how long [do/did] you [usually/(blank if no usual source of care)] wait before [you/(he/she)] [get/gets/got] medical care?

PROBE : That is, before [you/(he/she)] actually [see/sees/saw] the doctor.
INTERVIEWER: ENTER HOURS HERE AND MINUTES ON THE NEXT SCREEN

<0> LESS THAN ONE HOUR[goto 10m@1]
<1-6> HOURS[goto 10m@1]

<8> DON'T KNOW
<9> REFUSED

==>[goto t11@1]

>10m@1/VB10M< ENTER MINUTES HERE:

<0-59> MINUTES

==>

>t11@1< If no usual source of care goto b12@1. Else goto b11@1.

>b11@1/VB11< Still thinking of [name of usual source of care], when [you/child's name]
[go/goes] for non-emergency medical care, how often [do/does] [you/(he/she)]
see the same doctor or medical person?

Is it . . .

PROBE: Non-emergency medical care refers either to preventive care (for example, regular check-ups) or to care for an illness or injury that does not require immediate medical attention.

<1> Always,
<2> Most of the time,
<3> Sometimes,
<4> Rarely or never? [goto B11@1]

<8> DON'T KNOW
<9> REFUSED

==> [goto B12@1]

>B11@1/VB12< [In the last 12 months / Since you/child's name have/has been a member of
name of waiver plan / Since you/child's name have/has been without health
coverage] was there a doctor or medical person who [you/child's name] usually
saw at [name of usual source of case] who you no longer see? [equiv B12@1]

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> [goto b12@1]

>B12@1/VB12< [In the last 12 months / Since you/child's name have/has been a member of name of waiver plan / Since you/child's name have/has been without health coverage], has the health care provider [you/(he/she)] [usually/(blank is no usual source of care)] [see/sees/saw] at [name of usual source of care / the place you/he/she went to for care] changed.

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>b12@1/VB12_TYP<[Is/Was] the health care provider [you/(he/she)] [usually/(blank is no usual source of care)] [see/sees/saw] at [name of usual source of care / the place you/he/she went to for care] a doctor, a nurse or physician's assistant, or some other type of medical professional?

INTERVIEWER: IF DOCTOR IS MENTIONED IN CONJUNCTION WITH ANOTHER CATEGORY, CODE AS "DOCTOR."

<1> DOCTOR

<2> NURSE, PHYSICIAN ASSISTANT, NURSE PRACTITIONER

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW / NOT SURE

<9> REFUSED

==>

>13@1f< If b12@1 equals 1 use "doctor" in fill otherwise use "medical staff" in fill.
Different wording for adult or child - If child goto B13@1. If adult goto b13@1.

>b13@1/VB13< [Do/Did] you have any difficulty communicating with the [doctor/medical staff] because of a language problem?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto t14@1]

>B13@1/VB13< [Do/Did] you have any difficulty communicating with [child's first name]'s
[doctor/medical staff] because of a language problem? [equiv b13@1]

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>t14@1< If b7 eq 1 goto b14@1 else goto 14c@1.

>b14@1/VB14< [Does/Did] someone from [name of usual source of care / the place you/he/she went to for care] call to remind you about [your/(his/her)] [appointments/appointment]?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>14c@1/VB14_C< Does [name of usual source of care / the place you/he/she went to for care] remind you when [you/child's first name] [are/is] due to come in for a check-up or routine care?

PROBE: By remind I mean does [name of usual source of care / the place you/he/she went to for care] schedule future appointments, send you reminder cards, call you, or in some other way remind you when [you/child's first name] [are/is] due for a check-up or routine care.

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>B14@1/VB14_TR< [Does/Did][name of usual source of care / the place you/he/she went to for care] provide, arrange, or pay for transportation to get there?

<1> YES[goto 14D@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto 14b@1]

>14D@1/VB_14D< [Do/Did] you use that transportation?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>14b@1/VB_14B< Would you recommend [name of usual source of care / the place you/he/she went to for care] to family or friends?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tb4@1< If in WPRG less than one year goto BB4@1. If unisured less than one year goto bb4@1. Else goto b4@1.

>b4@1/VB4< Sometimes people have difficulties in getting care when they need it. For the following questions, please think about the last 12 months. During the past 12 months, was there any time when you thought [you/child's name] needed to see a doctor but did not see one?

<1> YES [goto b41@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto B4@1]

>bb4@1/VB4< Sometimes people have difficulties in getting care when they need it. For the following questions, please think about the time since [you/child's name] [have/has] not had health coverage. [Since you/child's name have/has not had health coverage], was there any time when you thought [you/child's name] needed to see a doctor but did not see one? [equiv b4@1]

<1> YES [goto b41@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto B4@1]

>BB4@1/VB4< Sometimes people have difficulties in getting care when they need it. For the following questions, please think about the time since [you/child's name] [have/has] been a member of [name of state's waiver plan]. [Since you/child's name have/has been a member of name of state's waiver plan], was there any time when you thought [you/child's name] needed to see a doctor but did not see one?

<1> YES [goto b41@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto B4@1]

>b41@1/VB41< What was the main reason [you/child's name] didn't see a doctor?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T GIVE REFERRAL [waiver plan only]

<5> DR/PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t1b@1< If switcher goto 41b@1, else goto B4@1.

>41b@1/VB41B< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]

<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

==>

>B4@1/VB4_DLY< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health

coverage]], Was there any time when you delayed seeing a doctor you thought [you/(he/she)] needed?

<1> YES [goto B41@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto b4a@1]

>B41@1/VB41_RN< What was the main reason you delayed seeing a doctor?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T GIVE REFERRAL [waiver plan only]

<5> DR/PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t1B@1< If switcher goto 41B@1, else goto b4a@1.

>41B@1/VB_41BD< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]

<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

==>

>b4a@1/VB4A< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage].) Was there any time when you thought [you/(he/she)] needed hospital care (or to be admitted to a hospital) but did not get it?

<1> YES [goto b4A@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

====> [got B4a@1]

>b4A@1/VB4A__RN< What was the main reason [you/child's name] didn't get hospital care?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T APPROVE CARE [waiver plan only]

<5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

====>

>t4a@1< If switcher goto 4ba@1, else goto B4a@1.

>4ba@1/VB_4BA< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]

<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

====>

>B4a@1/VB4A_DLY< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage],) Was there any time when you delayed getting hospital care (or being admitted to a hospital) that you thought [you/(he/she)] needed?

<1> YES [goto B4A@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

====> [goto b4b@1]

>B4A@1/VB4A_RN2< What was the main reason you delayed getting hospital care?

- <1> COULDN'T SCHEDULE AN APPOINTMENT
- <2> TRANSPORTATION PROBLEM
- <3> COST TOO MUCH
- <4> PCP/PLAN WOULDN'T APPROVE CARE [waiver plan only]
- <5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]
- <0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

====>

>t4A@1< If switcher goto 4bA@1, else goto b4b@1.

>4bA@1/VB_4BA2< Was this difficulty mainly when [you/child's name] [were/was] a member of
[current health plan] or [past health plan]?

- <1> [current health plan]
- <2> [past health plan]
- <3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

====>

>b4b@1/VB4B< ([During the past 12 months / Since you/child's name have/has been a member
of state's waiver plan / Since you/child's name have/has been without health
coverage],) Was there any time when you thought [you/(he/she)] needed
dental care but did not get it?

<1> YES [goto b4B@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

====> [goto B4b@1]

>b4B@1//VB4B_RN< What was the main reason [you/child's name] didn't get dental care?

- <1> COULDN'T SCHEDULE AN APPOINTMENT
- <2> TRANSPORTATION PROBLEM
- <3> COST TOO MUCH
- <4> PCP/PLAN WOULDN'T APPROVE CARE [waiver plan only]
- <5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]
- <0> OTHER [specify]

- <98> DON'T KNOW
- <99> REFUSED

==>

>t4b@1< If switcher goto 4bb@1, else goto B4b@1.

>4bb@1/VB_4BB< Was this difficulty mainly when [you/child's name] [were/was] a member of
[current health plan] or [past health plan]?

- <1> [current health plan]
- <2> [past health plan]
- <3> EQUAL DIFFICULTY IN EACH PLAN

- <8> DON'T KNOW
- <9> REFUSED

==>

>B4b@1/VB4B_2< ([During the past 12 months / Since you/child's name have/has been a member
of state's waiver plan / Since you/child's name have/has been without health
coverage],) Was there any time when you delayed seeking dental care that you
thought [you/(he/she)] needed?

- <1> YES [goto B4B@1]
- <0> NO

- <8> DON'T KNOW
- <9> REFUSED

==> [goto b4c@1]

>B4B@1/VB4B_RN2< What was the main reason you delayed getting dental care?

- <1> COULDN'T SCHEDULE AN APPOINTMENT
- <2> TRANSPORTATION PROBLEM

- <3> COST TOO MUCH
- <4> PCP/PLAN WOULDN'T APPROVE CARE [waiver plan only]
- <5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]
- <0> OTHER [specify]

- <98> DON'T KNOW
- <99> REFUSED

==>

>t4B@1< If switcher goto 4bB@1, else goto b4c@1.

>4bB@1/VB_4BB2< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

- <1> [current health plan]
- <2> [past health plan]
- <3> EQUAL DIFFICULTY IN EACH PLAN

- <8> DON'T KNOW
- <9> REFUSED

==>

>b4c@1/VB4C< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage],) Was there any time when you thought [you/(he/she)] needed mental health care, alcohol treatment or drug treatment but did not get it?

- <1> YES [goto b4C@1]
- <0> NO

- <8> DON'T KNOW
- <9> REFUSED

====> [goto B4c@1]

>b4C@1/VB4C_RN< What was the main reason [you/child's name] didn't get mental health care, alcohol treatment or drug treatment?

- <1> COULDN'T SCHEDULE AN APPOINTMENT
- <2> TRANSPORTATION PROBLEM
- <3> COST TOO MUCH
- <4> PCP/PLAN WOULDN'T APPROVE CARE [waiver plan only]
- <5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t4c@1< If switcher goto 4bc@1, else goto B4c@1.

>4bc@1/VB_4BC< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]

<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

==>

>B4c@1/VB4C_DLY< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage].) Was there any time when you delayed seeking mental health care, alcohol treatment or drug treatment that you thought [you/(he/she)] needed?

<1> YES [goto B4C@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto b4d@1]

>B4C@1/VB4C_RN2< What was the main reason you delayed getting mental health care, alcohol treatment or drug treatment?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T APPROVE CARE [waiver plan only]

<5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t4C@1< If switcher goto 4bC@1, else goto b4d@1.

>4bC@1/VB_4BC2< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]

<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

==>

>b4d@1/VB4D< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage],) Was there any time when you didn't get a prescription medicine that you thought [you/(he/she)] needed?

<1> YES[goto b4D@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

====>[goto b4f@1]

>b4D@1/VB4D_RN<What was the main reason [you/child's name] didn't get a prescription medicine?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T APPROVE PRESCRIPTION DRUG [waiver plan only]

<5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t4D@1< If switcher goto 4bD@1, else goto b4e@1.

>4bD@1/VB_4BD< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]
<2> [past health plan]
<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW
<9> REFUSED

====>

>b4e@1/VB4E< Did [you/(he/she)] actually have a prescription from a doctor for the medicine that [you/(he/she)] needed?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>

>b4f@1/VB4F< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage],) Was there any time when [you/(he/she)] took less than the recommended dosage or took a prescription medication less frequently than recommended so that the medication would last longer?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

====>

>b4g@1/VB4G< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage],) Was there any time when you thought [you/child's name] needed to see a specialist but did not see one?

<1> YES [goto b4G@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto B4g@1]

>b4G@1/VB4G_RN< What was the main reason [you/child's name] didn't see a specialist?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T GIVE REFERRAL [waiver plan only]

<5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t4g@1< If switcher goto 4bg@1, else goto B4g@1.

>4bg@1/VB_4BG< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]

<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW

<9> REFUSED

==>

>B4g@1/VB4G_DLY< ([During the past 12 months / Since you/child's name have/has been a member of state's waiver plan / Since you/child's name have/has been without health coverage],) Was there any time when you delayed seeing a specialist you thought [you/(he/she)] needed?

<1> YES [goto B4G@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto t30@1]

>B4G@1/VB4G_2RN< What was the main reason you delayed seeing a specialist?

- <1> COULDN'T SCHEDULE AN APPOINTMENT
- <2> TRANSPORTATION PROBLEM
- <3> COST TOO MUCH
- <4> PCP/PLAN WOULDN'T GIVE REFERRAL [waiver plan only]
- <5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]
- <0> OTHER [specify]

- <98> DON'T KNOW
- <99> REFUSED

==>

>t4G@1< If switcher goto 4bG@1, else goto t30@1.

>4bA@1/VB_4BG2< Was this difficulty mainly when [you/child's name] [were/was] a member of
[current health plan] or [past health plan]?

- <1> [current health plan]
- <2> [past health plan]
- <3> EQUAL DIFFICULTY IN EACH PLAN

- <8> DON'T KNOW
- <9> REFUSED

==>

>tbh@1< Is sex female and age 14 or older?
YES - goto b4h@1
NO - goto tb15

>b4h@1/VB4H< [During the past 12 months / Since you/child's name have/has been a member
of state's waiver plan / Since you/child's name have/has been without health
coverage], was there any time when [you/child's name] wanted family
planning advice?

- <1> YES [goto b4H@1]
- <0> NO

- <8> DON'T KNOW
- <9> REFUSED

==> [goto tb15]

>b4H@1/VB4H_ADV< Did [you/she] receive family planning advice?

<1> YES [goto B4h@1]

<0> NO [goto B4H@1]

<8> DON'T KNOW

<9> REFUSED

==> [goto tb15]

>B4h@1/VB4H_DF< How difficult was it for [you/her] to get family planning advice? Was it...

<1> Very difficult

<2> Somewhat difficult, or

<3> Not at all difficult?

<8> DON'T KNOW

<9> REFUSED

==> [goto tb15]

>B4H@1/VB4H_RN< What was the main reason [you/she] didn't get family planning advice?

<1> COULDN'T SCHEDULE AN APPOINTMENT

<2> TRANSPORTATION PROBLEM

<3> COST TOO MUCH

<4> PCP/PLAN WOULDN'T GIVE REFERRAL [waiver plan only]

<5> PLACE DIDN'T ACCEPT PLAN [waiver plan only]

<6> NOT COMFORTABLE TALKING ABOUT SEXUAL MATTERS WITH SOURCE OF CARE

<0> OTHER [specify]

<98> DON'T KNOW

<99> REFUSED

==>

>t4h@1< If switcher goto 4bh@1, else goto tb15.

>4bh@1/VB_4BH< Was this difficulty mainly when [you/child's name] [were/was] a member of [current health plan] or [past health plan]?

<1> [current health plan]

<2> [past health plan]
<3> EQUAL DIFFICULTY IN EACH PLAN

<8> DON'T KNOW
<9> REFUSED

==>

>tb15< If the interview type is not adult alone goto b15, repeat the usual source of care questions about the child. Otherwise end section and goto td1.

>b15< Now, I would like to find out about [child's first name].

TYPE <g> TO CONTINUE ==> repeat questions b1a@1 through 4bh@1 for child.

Section D: HEALTH HISTORY AND SERVICE USE

>td1< Start of section D.

>d1/VD1< Now I'd like to ask you some questions about your health.

In general, would you say your health is:

- <1> excellent,
- <2> very good,
- <3> good,
- <4> fair, or
- <5> poor?

<8> DON'T KNOW

<9> REFUSED

==>

>d1a/D1A< Compared to 1 year ago, how would you rate your health, in general now?

Is it ...

- <1> better,
- <2> worse, or
- <3> about the same?

<8> DON'T KNOW

<9> REFUSED

==>

>d1c/VD1C< Next, I am going to read some statements about health and medical care.

First, you worry about your health more than other people your age.

Is that...

- <1> definitely true,
- <2> mostly true,
- <3> mostly false, or
- <4> definitely false?

<8> DON'T KNOW

<9> REFUSED

==>

>d1d/VD1D< You will do just about anything to avoid going to the doctor.
Is that...

- <1> definitely true,
- <2> mostly true,
- <3> mostly false, or
- <4> definitely false?

- <8> DON'T KNOW
- <9> REFUSED

==>

>d1e/VD1E< You are healthy enough that you don't really need health coverage.
Is that...

- <1> definitely true,
- <2> mostly true,
- <3> mostly false, or
- <4> definitely false?

- <8> DON'T KNOW
- <9> REFUSED

==>

>d1f/VD1F< Even for healthy people, having health coverage is really important. Do you agree or disagree?

- <1> AGREE[goto d1fa]
- <2> DISAGREE[goto d1Fa]

- <8> DON'T KNOW
- <9> REFUSED

==>

>d1fa/VD1FA< Do you agree strongly or mildly?

- <1> STRONGLY
- <2> MILDLY
- <8> DON'T KNOW

<9> REFUSED

==> [goto d1g]

>d1Fa/VD1FA< Do you disagree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==>

>d1g/VD1G< Doctors or nurses look down on people who are on [name of state's waiver plan].
Is that ...

<1> definitely true,

<2> mostly true,

<3> mostly false, or

<4> definitely false?

<8> DON'T KNOW

<9> REFUSED

==>

>d1i/VD1I< People without [name of state's waiver plan] or other health coverage can get the
health care they need through community health centers or charity care. Do you agree
or disagree?

<1> AGREE [goto d1ia]

<2> DISAGREE [goto d1la]

<8> DON'T KNOW

<9> REFUSED

==> [goto d1j]

>d1ia/VD1IA< Do you agree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==> [goto d1j]

>d11a/VD11A< Do you disagree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==>

>d1j/VD1J< Getting on [name of state's waiver plan] whenever you want is easy if you are eligible.
Do you agree or disagree?

<1> AGREE [goto d1ja]

<2> DISAGREE [goto d1Ja]

<8> DON'T KNOW

<9> REFUSED

==> [goto d1k]

>d1ja/VD1JA< Do you agree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==> [goto d1k]

>d1Ja/VD1JA< Do you disagree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==>

>d1k/VD1K< People on [name of state's waiver plan] get better health care than people with no insurance. Do you agree or disagree?

<1> AGREE [goto d1ka]

<2> DISAGREE [goto d1Ka]

<8> DON'T KNOW

<9> REFUSED

==> [goto d1l]

>d1ka/VD1KA< Do you agree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==> [goto d1l]

>d1Ka/VD1KA< Do you disagree strongly or mildly?

<1> STRONGLY

<2> MILDLY

<8> DON'T KNOW

<9> REFUSED

==>

>d1l/VD1L< Do you think it's better to plan your life far ahead or would you say that life is too much a matter of luck to plan ahead very far?

<1> PLAN AHEAD

<2> TOO MUCH LUCK

<3> BOTH, PLAN AHEAD AND LUCK

<8> DON'T KNOW

<9> REFUSED

==>

>td2< If interview type is child alone
YES - goto dd (end of section d).

NO - Is age of adult less than 14

YES - goto dd.

NO - goto d2.

>d2/D2< Does any impairment or health problem now keep you from working at a job or business, or doing any housework at all?

<1> YES [goto d3]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto d4a]

>d3/D3< Are you limited in the kind or amount of work or housework you can do because of any impairment?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d4a/D4A< Because of an impairment or health problem, do you need the help of other persons with personal care needs, such as bathing, dressing, eating, or getting around your home?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d4b/D4B< Because of an impairment or health problem, do you need other people to help you with handling routine needs such as everyday household chores, shopping or getting around in your community?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5a/VD5A< Next, I'd like to ask about certain health conditions.

Did a doctor ever tell you that you had . . .
... asthma?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5b/VB5B< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... diabetes?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5c/D5C< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... arthritis?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5e/VD5E< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... heart disease?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5f/D5F< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... hypertension or high blood pressure?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5g/D5G< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... tuberculosis?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5h/D5H< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... mental health problems?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5i/VD5I< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... cancer?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5j/VD5J< READ IF NECESSARY: Did a doctor ever tell you that you had . . .
... HIV or full-blown AIDS?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5k/D5K< Do you frequently have low back pain?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d5l/VD5L< Do you frequently have headaches?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d6/VD6< Thinking of your own health care, have you visited a hospital emergency room because of any illness or medical condition [in the last 12 months / since you have been a member of name of waiver plan / since you have been without health coverage]? Do not include any visits because of falls or other accidents.

<1> YES[goto d6a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto td7]

>d6a/VD6A< Have you gone to the emergency room [in the last 12 months / since you have been a member of name of waiver plan / since you have been without health coverage] once or more than once because of any illness or medical condition? Again. do not count visits because of falls or accidents.

<1> ONCE

<2> MORE THAN ONCE

<8> DON'T KNOW

<9> REFUSED

==>

>td7< If only one emergency visit then ask about this visit, if more than one emergency visit ask about these visits. If only one emergency room visit then only ask about the problems related to certain medical conditions until the respondent answers yes this was the reason for the visit. Then skip the remaining reasons and goto d8. If more than one emergency room visit ask all of the questions from d7a1 to d8.

>d7< Next I am going to ask you if [this/any of these] emergency room [visit/visits] [in the last 12 months / since you/child's name have/has been a member of name of waiver plan / since you/child's name have/has been without health coverage] [was/were] related to certain health conditions.

TYPE <g> TO CONTINUE==>

>td7a< Does adult have asthma?

YES - goto d7a1

NO - goto td7b

>d7a1/VD7A1< [Was this visit/Were any of these visits] to the emergency room for problems related to asthma?

<1> YES[goto d7a2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto td7b]

>d7a2/VD7A2< How many times did you visit an emergency room because of problems related to asthma?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>td7b< Does adult have diabetes?

YES - goto d7b1

NO - goto td7c

>d7b1/VD7B1< [Was this visit/Were any of these visits] to the emergency room because of problems related to diabetes?

<1> YES[goto d7b2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto td7c]

>d7b2/VD7B2< How many times did you visit an emergency room because of problems related to diabetes?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>td7c< Does adult have hypertension?

YES - goto d7c1

NO - goto td7d

>d7c1/D7C1< [Was this visit/Were any of these visits] to the emergency room because of problems related to hypertension or high blood pressure?

<1> YES[goto d7c2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto td7d]

>d7c2/D7C2< How many times did you visit an emergency room because of problems related to high blood pressure?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>td7d< Does adult have frequent low back pain?

YES - goto d7d1

NO - goto td7e

>d7d1/D7D1< [Was this visit/Were any of these visits] to the emergency room because of low back pain that has been a continuing problem for you?

<1> YES[goto d7d2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto td7e]

>d7d2/D7D2< How many times did you visit an emergency room because of problems related to this low back pain?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>td7e< Does adult have frequent headaches?

YES - goto d7e1

NO - goto d7f1

>d7e1/VD7E1< [Was this visit/Were any of these visits] to the emergency room because of headaches that have been a continuing problem for you?

<1> YES[goto d7e2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7f1]

>d7e2/VD7E2< How many times did you visit an emergency room because of these headaches?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7f1/VD7F1< [Was this visit/Were any of these visits] to the emergency room because of acute bronchitis or deep chest cough and phlegm, that may have been accompanied by wheezing or difficulty breathing?

<1> YES[goto d7f2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7g1]

>d7f2/VD7F2< How many times did you visit an emergency room because of acute bronchitis or deep chest cough and phlegm?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7g1/D7G1< [Was this visit/Were any of these visits] to the emergency room because of a urinary tract infection or painful and frequent urination [if female: not caused by a vaginal infection]?

<1> YES[goto d7g2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7h1]

>d7g2/D7G2< How many times did you visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7h1/D7H1< [Was this visit/Were any of these visits] to the emergency room because of gastroenteritis or diarrhea caused by an infection, that may have been accompanied by nausea and vomiting?

<1> YES[goto d7h2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7i1]

>d7h2/D7H2< How many times did you visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7i1/VD7I1< [Was this visit/Were any of these visits] to the emergency room because of the flu or high fever and body aches?

PROBE: These often occur between December and March and involve cold symptoms.

<1> YES[goto d7i2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7j1]

>d7i2/VD7I2< How many times did you visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7j1/VD7J1< [Was this visit/Were any of these visits] to the emergency room because of dehydration or dry mouth, weakness and dizziness when standing?

PROBE: This is sometimes caused by a lot of vomiting, diarrhea, or being in the sun too long without drinking water?

<1> YES[goto d7j2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7k1]

>d7j2/VD7J2< How many times did you visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7k1/VD7K1< [Was this visit/Were any of these visits] to the emergency room because of a headcold or sore throat and/or a running nose or other sinus symptoms that you have not already told me about?

<1> YES[goto d7k2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d7l1]

>d7k2/VD7K2< How many times did you visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d7l1/VD7L1< [Was this visit/Were any of these visits] to the emergency room because of vomiting that you have not already told me about?

<1> YES[goto d7l2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto d8]

>d7l2/VD7L2< How many times did you visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>dd7/VDD7< [Was this/Were most of those] ER visit(s) you told me about while you were a member of [current HP] or [past HP]?

<1> CURRENT

<2> PAST

<3> HALF CURRENT/HALF PAST

<8> DON'T KNOW

<9> REFUSED

==>

>d8/VD8< [In the last 12 months / Since you/child's name have/has been a member of name of waiver plan / Since you/child's name have/has been without health coverage], were you a patient in a hospital overnight?

<1> YES [goto d8a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto td12]

>d8a/VD8A< How many different times did you stay in any hospital overnight or longer?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>d8b/VD8B< Thinking of [the number of times] that you stayed overnight in the hospital [in the last 12 months / since you/have/been a member of name of waiver plan / since you/been without health coverage], altogether how many nights were you in the hospital?

<1-97> OVERNIGHTS

<98> DON'T KNOW

<99> REFUSED

==>

>Vd8< Verify that the total number of nights in the hospital is greater than or equal to the number of hospital stays.

>td9< If adult uninsured goto td12. If a switcher and if one hospital visit goto d9, if more than one visit goto d10. If not a switcher goto td12.

>d9/VD9< Did this stay occur while you were a member of [name of current health plan]?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto td12]

>d10/VD9< How many of these hospital stays occurred while you were a member of [name of current health plan]? [equiv d9]

<0-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Vd10< Verify that the number of hospital stays while a member of current health plan is less than or equal to the total number of hospital stays.

>td12< Has adult gone to doctor or other health care provider in the last year?

NO - goto d19n

YES - Has adult had emergency room visit(s)?

YES - goto D12

NO - goto d12

>d12/VD12< [During the last three months/During the last three months you were a member of (past health plan)], how many times did you visit a medical doctor, or other health care professional? Please include all types of doctors except dentists.

PROBE: Please include all types of doctors, such as dermatologists, psychiatrists, and eye doctors, as well as general practitioners and osteopaths.

PROBE: Do not count chiropractors or doctors seen during inpatient hospital stays.

<0> NO TIMES

<1-97> TIMES[goto 12ta]

<98> DON'T KNOW

<99> REFUSED

==>[goto td19]

>D12/VD12< [equiv d12][During the last three months/During the last three months you were a member of (past health plan)], how many times did you visit a medical doctor, or other health care professional? Please include all types of doctors except dentists and do not count emergency room visits that you just told me about.

PROBE: Please include all types of doctors, such as dermatologists, psychiatrists, and eye doctors, as well as general practitioners and osteopaths.

PROBE: Do not count chiropractors or doctors seen during inpatient hospital stays.

<0> NO TIMES[goto td19]
<1-97> TIMES

<98> DON'T KNOW[goto td19]
<99> REFUSED [goto td19]

==>

>12ta< If number of visits equals 1 goto d12c, otherwise goto d12a.

>d12a/VD12A< How many of the [number of visits from d12] visits were for preventive care?

PROBE: A preventive care visit is one in which you see the doctor when you are not sick, for example, an annual physical, routine monitoring of a chronic condition, an immunization, or pregnancy care.

<0> NONE
<1-97>

<98> DON'T KNOW
<99> REFUSED

==>

>Va12< Verify number of preventive care visits are less than or equal to the number of doctor visits.

>d12b/VD12B< How many of the [number of visits from d12] visits were to specialists?

<0> NONE
<1-97> [goto Vb12]

<98> DON'T KNOW
<99> REFUSED

==> [goto td19]

>Vb12< Verify that the number of specialist visits are less than or equal to the number of doctor visits. Goto d14.

>d12c/VD12C< Was this visit mainly because you were sick or mainly for preventive care?

PROBE: A preventive care visit is one in which you see the doctor when you are not sick, for example, an annual physical, routine monitoring of a chronic condition, an immunization, or pregnancy care.

<1> SICK
<2> PREVENTIVE CARE

<8> DON'T KNOW
<9> REFUSED

==>

>d13/VD12D< Was this visit to a specialist?

<1> YES [goto d14]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> [goto d19n]

>d14/VD14< Did you get a referral from [usual source of care] to see the specialist(s)?

<1> YES [goto d15]
<0> NO

<8> DON'T KNOW
<9> REFUSED

==> [goto d19n]

>d15/VD15< How difficult was it to get the referral? Was it...

<1> Very difficult
<2> Somewhat difficult, or
<3> Not at all difficult?

<8> DON'T KNOW
<9> REFUSED

==>

>d19n/D19N< My next questions are about visits for common medical procedures.

How long ago did you have your blood pressure taken by a doctor or other health professional?

INTERVIEWER: CODE DAYS, WEEKS, MONTHS, OR YEARS AGO ON NEXT SCREEN.

<1-51> [goto d19p]

<0> NEVER

<98> DON'T KNOW

<99> REFUSED

==>[goto td20]

>d19p/D19P< ENTER PERIOD

<1> DAYS AGO

<2> WEEKS AGO

<3> MONTHS AGO

<4> YEARS AGO

==>

>td20< Is adult female?

NO - goto d23

YES - Is she 40 years or older?

YES - goto d20 (mammogram question)

NO - goto d21 (PAP smear question)

>d20/D20< A mammogram is an X-ray taken only of the breasts by a machine that presses against the breast while the picture is taken. Have you ever had a mammogram?

<1> YES [goto d20n]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto D20]

>d20n/D20N< How long ago did you have your most recent mammogram?

INTERVIEWER: CODE DAYS, WEEKS, MONTHS, OR YEARS AGO ON NEXT SCREEN.

<1-52> [goto d20p]

<98> DON'T KNOW

<99> REFUSED

==> [goto d21]

>d20p/D20P< ENTER PERIOD

- <1> DAYS AGO
- <2> WEEKS AGO
- <3> MONTHS AGO
- <4> YEARS AGO

==>

>tD20< Has it been longer than 2 years since last mammogram?
YES - goto D20
NO - goto d21

>D20/D20_ENC< Has [usual source of care/the place you usually go to for care] encouraged you
to get a mammogram?

- <1> YES
- <0> NO

- <8> DON'T KNOW
- <9> REFUSED

==>

>d21/D21< Have you ever had a PAP smear?

PROBE: This is when a doctor has you put your feet up and takes a specimen from inside you.

- <1> YES [goto d21n]
- <0> NO

- <8> DON'T KNOW
- <9> REFUSED

==> [goto D21]

>d21n/D21N< How long ago did you have a PAP smear test?

INTERVIEWER: CODE DAYS, WEEKS, MONTHS, OR YEARS AGO ON NEXT SCREEN.

<1-52> [goto d21p]

<98> DON'T KNOW

<99> REFUSED

==> [goto d23]

>d21p/D21P< ENTER PERIOD

<1> DAYS AGO

<2> WEEKS AGO

<3> MONTHS AGO

<4> YEARS AGO

==>

>tD21< Has it been longer than 2 years since last PAP smear test?

YES - goto D21

NO - goto d23

>D21/D21_ENC< Has [usual source of care/the place you usually go to for care] encouraged you to get a PAP smear test?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>d23/VD23< About how long ago did you last go to the dentist for a check-up?

PROBE: Your best estimate is fine.

INTERVIEWER: CODE DAYS, WEEKS, MONTHS, OR YEARS AGO ON NEXT SCREEN.

<1-52> [goto d23p]

<0> NEVER

<98> DON'T KNOW

<99> REFUSED

==> [goto tc 1P]

>d23p/VD23P< ENTER PERIOD.

<1> DAYS AGO

<2> WEEKS AGO
<3> MONTHS AGO
<4> YEARS AGO

==>

>tc1P< Is insurance type uninsured?

YES - goto tc1c

NO - Is interview type adult alone?

YES - goto tc1c

NO - Do adult and child have the same health plan?

YES - goto dd [get health history and service use for child - then satisfaction]

NO - goto tc1c [get satisfaction for adult]

>dd< end of section

>Z< HEALTH HISTORY AND SERVICE USE : CHILD SERIES

If interview type is adult alone goto ZZ (end of section)

>Z1< Now I'd like to ask you some questions about [child's first name]'s health and [your/(his/her)] experiences in receiving health care services. In general, would you say [his/her] health is:

- <1> excellent,
- <2> very good,
- <3> good,
- <4> fair, or
- <5> poor?

<8> DON'T KNOW

<9> REFUSED

==>

>Z2a< Is [child's first name] able to take part at all in the usual kinds of play activities done by most children [his/her] age?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z2b< Is [child's first name] currently limited in the kind or amount of play activities [he/she] can do because of any impairment or health problem?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tZ3a< If age less than 4 goto Z4, else goto Z3a.

>Z3a< Does any impairment or health problem now keep [child's first name] from attending school?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z3b< Does [child's first name] attend a special school or special classes because of any impairment or health problem?

<1> YES [goto Z3d]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z3c< Does [child's first name] need to attend a special school or special classes because of any impairment or health problem?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z3d< During the last semester of school that [child's first name] attended, how often was [he/she] absent from school because of [his/her] health? Was it...

<0> not at all,

<1> one to five times,

<2> six to ten times,

<3> eleven to fifteen times, or

<4> more than fifteen times?

<8> DON'T KNOW

<9> REFUSED

==>

>Z4< Is [child's first name] limited in any way in any other activities because of an impairment or health problem?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z5a< Next, I'd like to ask about certain health conditions.

Has a doctor ever told you [child's first name] has . . .
. . . asthma?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z5b< READ IF NECESSARY: Has a doctor ever told you [child's first name] has . . .
. . . diabetes?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z5c< READ IF NECESSARY: Has a doctor ever told you [child's first name] has . . .
. . . heart disease or congenital heart disease?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z5d< READ IF NECESSARY: Has a doctor ever told you [child's first name] has . . .
. . . cancer?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z5e< READ IF NECESSARY: Has a doctor ever told you [child's first name] has . . .
... HIV or full-blown AIDS?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z5f< Does [child's first name] have frequent headaches?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>Z6< Thinking of [child's first name]'s health care, has [he/she] visited a hospital emergency room because of any illness or medical condition [in the last 12 months / since child's name has been a member of name of waiver plan / since child's name has been without health coverage]? Do not include any visits because of falls or other accidents.

<1> YES[goto Z6a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z8]

>Z6a< Has [he/she] gone to the emergency room [in the last 12 months / since child's name has been a member of name of waiver plan / since child's name has been without health coverage] once or more than once? Again, do not count visits because of falls or accidents.

<1> ONCE
<2> MORE THAN ONCE

<8> DON'T KNOW
<9> REFUSED

==>

>tZ7< If only one emergency visit then ask about this visit, if more than one emergency visit ask about these visits. If only one emergency room visit then only ask about the problems related to certain medical conditions until the respondent answers yes this was the reason for the visit. Then skip the remaining reasons and goto Z8. If more than one emergency room visit ask all of the questions from Z7a1 to Z8.

>Z7< Next I am going to ask you if [this/any of these] emergency room [visit/visits] [in the last 12 months / since child's name has been a member of name of waiver plan / since child's name has been without health coverage] [was/were] related to certain health conditions.

TYPE <g> TO CONTINUE==>

>TZ7a< Does child have asthma?
YES - goto Z7a1
NO - goto TZ7b

>Z7a1< [Was this visit/Were any of these visits] to the emergency room for problems related to asthma?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

==>[goto TZ7b]

>Z7a2< How many times did [he/she] visit an emergency room because of problems related to asthma?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW
<99> REFUSED

==>

>TZ7b< Does child have diabetes?

YES - goto Z7b1

NO - goto Z7c1

>Z7b1< [Was this visit/Were any of these visits] to the emergency room because of problems related to diabetes?

<1> YES[goto Z7b2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto TZ7c]

>Z7b2< How many times did [he/she] visit an emergency room because of problems related to diabetes?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>TZ7c< Does child have frequent headaches?

YES - goto Z7c1

NO - goto Z7f1

>Z7c1< [Was this visit/Were any of these visits] to the emergency room because of problems related to headaches that have been a continuing problem for [child's first name]?

<1> YES[goto Z7C1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7f1]

>Z7C1< How many times did [he/she] visit an emergency room because of problems related to headaches that have been a continuing problem for [child's first name]?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7f1< [Was this visit/Were any of these visits] to the emergency room because of acute bronchitis or deep chest cough and phlegm, that may have been accompanied by wheezing or difficulty breathing?

<1> YES[goto Z7f2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7i1]

>Z7f2< How many times did [child's first name] visit an emergency room because of acute bronchitis or deep chest cough and phlegm?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7i1< [Was this visit/Were any of these visits] to the emergency room because of the flu or high fever and body aches?

PROBE: These often occur between December and March and involve cold symptoms.

<1> YES[goto Z7i2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7j1]

>Z7i2< How many times did [he/she] visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7j1< [Was this visit/Were any of these visits] to the emergency room because of dehydration or dry mouth, weakness and dizziness when standing, sometimes caused by a lot of vomiting, diarrhea, or being in the sun too long without drinking water?

<1> YES[goto Z7j2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7k1]

>Z7j2< How many times did [he/she] visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7k1< [Was this visit/Were any of these visits] to the emergency room because of ear infection or ear ache?

<1> YES[goto Z7k2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7i1]

>Z7k2< How many times did [child's first name] visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7l1< [Was this visit/Were any of these visits] to the emergency room because of a headcold or sore throat and/or a running nose or other sinus symptoms that you have not already told me about?

<1> YES[goto Z7l2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7m1]

>Z7l2< How many times did [he/she] visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7m1< [Was this visit/Were any of these visits] to the emergency room because of a stomach ache that you have not already told me about?

<1> YES[goto Z7m2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z7n1]

>Z7m2< How many times did [child's first name] visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z7n1< [Was this visit/Were any of these visits] to the emergency room because of vomiting that you have not already told me about?

<1> YES[goto Z7n2]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto Z8]

>Z7n2< How many times did [he/she] visit an emergency room because of that?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z8< Since [month one year ago] [year one year ago], that is one year ago, was [child's first name] a patient in a hospital overnight?

<1> YES [goto Z8a]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tZ12]

>Z8a< How many different times did [he/she] stay in any hospital overnight or longer [in the last 12 months / since child's name has been a member of name of waiver plan / since child's name has been without health coverage]?

<1-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>Z8b< Thinking of [number of times] that [child's first name] stayed in the hospital [in the last 12 months / since child's name has been a member of name of waiver plan / since child's name has been without health coverage], altogether how many overnights was [he/she] in the hospital?

<1-97> OVERNIGHTS

<98> DON'T KNOW

<99> REFUSED

==>

>Z8b< Verify that the number of nights is greater than or equal to the number of stays.

>tZ9< If child uninsured goto tZ12. If swithcer and if one hospital visit goto Z9, if more than one visit goto Z10. Else goto tZ12

>Z9< Did this stay occur while [child's first name] was a member of [current health plan]?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tZ12]

>Z10< How many of these hospital stays occurred while [child's first name] was a member of [current health plan]?

<0-97> NUMBER OF TIMES

<98> DON'T KNOW

<99> REFUSED

==>

>VZ10< Verify that the number of hospital stays while a member of current health plan is less than or equal to the total number of hospital stays.

>tZ12<Has child gone to doctor or other health care provider [in the last 12 months / since child's name has been a member of name of waiver plan / since child's name has been without health coverage]?

NO - goto tZ19.

YES - Has child had emergency room visit(s)?

YES - goto z12

NO - goto Z12.

>Z12< [During the last three months/During the last three months child's name was a member of (past health plan)], how many times did [child's first name] visit a medical doctor, or other health care professional? Please include all types of doctors except dentists.

PROBE: Please include all types of doctors, such as dermatologists, psychiatrists, and eye doctors, as well as general practitioners and osteopaths.

<0> NO TIMES
<1-97> TIMES[goto TZ12]

<98> DON'T KNOW
<99> REFUSED

==>[goto tZ19]

>z12< [equiv Z12][During the last three months/During the last three months child's name was a member of (past health plan)], how many times did [child's first name] visit a medical doctor, or other health care professional? Please include all types of doctors except dentists and do not count the emergency room visits you just told me about.

PROBE: Please include all types of doctors, such as dermatologists, psychiatrists, and eye doctors, as well as general practitioners and osteopaths.

<0> NO TIMES[goto tZ19]
<1-97> TIMES

<98> DON'T KNOW[goto tZ19]
<99> REFUSED [goto tZ19]

==>

>TZ12< If one visit goto Z12c, if more than one visit goto Z12a.

>Z12a< How many of the [number of visits in Z12] visits were for preventive care?

PROBE: A preventive care visit is when [child's first name] sees the doctor when [he/she] is not sick, for example, a routine check-up, monitoring of a chronic condition, or for immunization.

<0> NONE
<1-97>

<98> DON'T KNOW
<99> REFUSED

==>

>Z12b< How many of the [number of visits from Z12] visits were to a specialist?

<0> NONE

<1-97> [goto V12b]

<98> DON'T KNOW

<99> REFUSED

==> [goto tZ19]

>V12b< Verify that the number of specialist visits are less than or equal to the number of doctor visits. Goto Z14.

>Z12c< Was this visit mainly because [child's first name] was sick or mainly for preventive care?

PROBE: A preventive care visit is when [child's first name] sees the doctor when [he/she] is not sick, for example, a routine check-up, monitoring of a chronic condition, or for immunization.

<1> SICK

<2> PREVENTIVE CARE

<8> DON'T KNOW

<9> REFUSED

==>

>Z12d< Was this visit to a specialist?

<1> YES [goto Z14]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tZ19]

>Z14< Did you get a referral from [usual source of care] to see the specialist(s)?

<1> YES [goto Z15]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tZ19]

>Z15< How difficult was it to get the referral? Was it...

<1> Very difficult
<2> Somewhat difficult, or
<3> Not at all difficult?

<8> DON'T KNOW
<9> REFUSED

==>

>tZ19<Is preventive care visit in past 3 months get date of visit in Z20m, else goto Z19n

>Z19n< A preventive care visit is when [child's first name] sees the doctor when [he/she] is not sick, for example, a routine check-up, monitoring of a chronic condition, or for immunizations.

How long has it been since [child's first name]'s last visit to a clinic, health center, hospital, doctor's office or other place for routine health care?

READ CATEGORIES IF NECESSARY

<1> LESS THAN ONE MONTH
<2> 1-2 MONTHS
<3> 3-6 MONTHS
<4> 7-12 MONTHS
<5> 13-24 MONTHS
<6> MORE THAN 24 MONTHS

<0> NEVER HAD PREVENTIVE CARE VISIT [goto tZ25]

<8> DON'T KNOW [goto tZ25]
<9> REFUSED [goto tZ25]

==>

>Z20m< Can you tell me the approximate date of that check up?

PROBE: In what month and year did [child's first name] have [his/her] last routine check up?

INTERVIEWER : ENTER MONTH HERE AND YEAR ON NEXT SCREEN.

<1> JANUARY	<7> JULY
<2> FEBRUARY	<8> AUGUST
<3> MARCH	<9> SEPTEMBER
<4> APRIL	<10> OCTOBER
<5> MAY	<11> NOVEMBER
<6> JUNE	<12> DECEMBER

<98> DON'T KNOW

<99> REFUSED

==>

>Z20y< ENTER YEAR HERE

19<80-99>

<8> DON'T KNOW

<9> REFUSED

==>

>VZ20< Verify that date is not in the future.

>tZ25<Is child 3 years old or younger?

YES - goto Z26

NO - goto Z27

>Z26< Has [child's first name] ever been vaccinated, that is, received any shots or immunizations for . . .

Measles, mumps, or rubella also called MMR?

<1> YES [goto tZ26]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tZ26<Is child less than 12 months?

YES - goto tc1C

NO - goto Z26b

>Z26b< Did [child's first name] receive [his/her] [first (if age 2 or older/blank if age less than 2] measles, mumps, and rubella vaccination by the time [he/she] turned 18 months old?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tc1C]

>Z27< About how long ago did [he/she] last go to the dentist for a routine check-up?

INTERVIEWER: CODE DAYS, WEEKS, MONTHS, OR YEARS AGO ON NEXT SCREENS.

<1-52> [goto Z27p]

<0> NEVER

<98> DON'T KNOW

<99> REFUSED

==> [goto tc1C]

>Z27p< ENTER PERIOD AGO

<1> DAYS AGO

<2> WEEKS AGO

<3> MONTHS AGO

<4> YEARS AGO

==>

Section C: SATISFACTION

>tc1C<Is insurance status waiver plan?

YES - Is interview type adult and child?

YES - Are adult and child in the same health plan?

YES - go through section c only once at the family level

NO - go through section c separately for adult and child

NO - use fills appropriate for adult or child

In the past 12 months has there been a doctor or other health care provider visit, an emergency room visit, or a hospital stay?

YES - goto c1@1

NO - goto tc3@1.

NO - go through section separately for adult and child

In the past 12 months has there been a doctor or other health care provider visit, an emergency room visit, or a hospital stay?

YES - goto c1@1

NO - goto cc@1

>tc1< If switcher goto C1@1 else goto c1@1. Fill with past tense for switchers.

>c1@1/VC1B< In the next questions, I'd like you to rate the features of the health care [you/he/she/your family] [get/gets] now. How would you rate . . .

. . . the convenience of the location of the place [you/child's first name] usually [go/goes] for medical care? Would you rate it as . . .

<1> poor,

<2> fair,

<3> good,

<4> very good, or

<5> excellent?

<8> DON'T KNOW

<9> REFUSED

==> [goto c1b@1]

>C1@1/VC1B< In the next questions, I'd like you to rate the features of the health care [you/he/she/your family] got as a member of [past health plan]. How would you rate . . .

... the convenience of the location of the place [you/child's first name] usually [go/goes] for medical care? Would you rate it as ... [equiv c1@1]

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>c1b@1/VC1BB< READ IF NECESSARY : How would you rate ...

... the length of time spent waiting at the office to see the doctor? Would you rate it as ...

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>c1c@1/VC1CB< READ IF NECESSARY : How would you rate ...

... the ease of getting medical care in an emergency? Would you rate it as ...

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>c1d@1/VC1DB< READ IF NECESSARY : How would you rate ...

... the length of time between making an appointment for routine care and the day of the visit?
Would you rate it as ...

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?
<7> ALWAYS WALK-IN

<8> DON'T KNOW
<9> REFUSED

==>

>c1f@1/VC1FB< READ IF NECESSARY : How would you rate ...

... the explanations of medical procedures and tests? Would you rate them as ...

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>c1h@1/VC1HB< READ IF NECESSARY : How would you rate ...

... the friendliness and courtesy of the doctors? Would you rate it as ...

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>c1i@1/VC1IB< READ IF NECESSARY : How would you rate . . .

. . . the amount of time [you/he/she] [have/has/had] with doctors and staff during a visit? Would you rate it as . . .

- <1> poor,
- <2> fair,
- <3> good,
- <4> very good, or
- <5> excellent?

- <8> DON'T KNOW
- <9> REFUSED

==>

>c1j@1/VC1JB< READ IF NECESSARY : How would you rate . . .

. . . the services available for getting prescriptions filled? Would you rate them as . . .

- <1> poor,
- <2> fair,
- <3> good,
- <4> very good, or
- <5> excellent?

<7> SERVICES NOT AVAILABLE

- <8> DON'T KNOW
- <9> REFUSED

==>

>c1k@1/VC1KB< READ IF NECESSARY : How would you rate . . .

. . . the number of doctors you [have/had] to choose from? Would you rate it as . . .

- <1> poor,
- <2> fair,
- <3> good,
- <4> very good, or
- <5> excellent?

- <8> DON'T KNOW
- <9> REFUSED

==>

>c1l@1/VC1LB< READ IF NECESSARY : How would you rate . . .

. . . the freedom to change doctors? Would you rate it as . . .

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>c2@1/VC2B< If [you/(he/she)] [need/needs/needed] medical advice or help [are/were] you
able to talk to someone right away?

<1> YES
<0> NO

<8> DON'T KNOW
<9> REFUSED

==>

>tc3@1< If uninsured adult goto C3@1. If uninsured child goto C3@1b.
If waiver plan adult or adult and child goto c3@1, if waiver plan child goto c3@1b.

>c3@1/VC3B< Overall, how would you rate the health care you [get/got] as a member of
[current health plan name/past health plan]? [Is/Was] it...

<1> Poor,
<2> Fair,
<3> Good,
<4> Very good, or
<5> Excellent?

<8> DON'T KNOW
<9> REFUSED

==> [goto c3e@1]

>c3@1b/VC3B< Overall, how would you rate the health care [child's first name] gets as a member of [health plan name]? Is it...

- <1> Poor,
- <2> Fair,
- <3> Good,
- <4> Very good, or
- <5> Excellent?

- <8> DON'T KNOW
- <9> REFUSED

==>[goto c3e@1]

>C3@1/VC3B< Overall, how would you rate the health care you now get? Is it... [equiv c3@1]

- <1> Poor,
- <2> Fair,
- <3> Good,
- <4> Very good, or
- <5> Excellent?

- <8> DON'T KNOW
- <9> REFUSED

==> [goto c3e@1]

>C3@1b/VC3B< Overall, how would you rate the health care [child's first name] now gets? Is it... [equiv c3@1b]

- <1> Poor,
- <2> Fair,
- <3> Good,
- <4> Very good, or
- <5> Excellent?

- <8> DON'T KNOW
- <9> REFUSED

==>

>c3e@1/VC3EB< How would you rate [waiver plan: health plan name - uninsured: usual source of care/the place you usually go to for care/the place you last went to for care] overall? Would you rate it as . . .

<1> poor,
<2> fair,
<3> good,
<4> very good, or
<5> excellent?

<8> DON'T KNOW
<9> REFUSED

==>

>test< Is insurance type waiver plan?

YES - goto c3g@1

NO - goto cc@1

>c3g@1/VC3GB< If you had a question or wanted more information about [health plan name]'s benefits or services that are covered, how confident are you that you could get your question answered? Are you ...

<1> Very confident,
<2> Somewhat confident, or
<3> Not at all confident?

<8> DON'T KNOW
<9> REFUSED

==>

>c4@1/VC4B< Do you plan on switching [blank/him/her] from [current health plan] to a different health insurance plan when you next have an opportunity? Would you say ...

<1> you definitely will,[goto c7@1]
<2> probably will,[goto c7@1]
<3> probably will not, or
<4> you definitely will not?

<8> DON'T KNOW
<9> REFUSED

==> [goto cc8@1]

>c7@1/VC7B< Why do you think you may change plans?

PROBE : Any other reasons?

CODE ALL THAT APPLY

VC7BA<1> DON'T LIKE THE CHOICE OF DOCTORS
VC7BB<2> DON'T GET TO SEE THE DOCTOR YOU CHOOSE
VC7BC<3> DON'T LIKE THE QUALITY OF CARE YOU RECEIVED
VC7BD<4> TOO DIFFICULT TO GET A REFERRAL FOR A SPECIALIST
VC7BE<5> TOO DIFFICULT TO GET AN APPOINTMENT
VC7BF<6> DON'T LIKE THE WAY STAFF TREAT YOU
VC7BG<7> THE DOCTOR'S LOCATION
VC7BH<8> OTHER PLAN BETTER DOCTORS
VC7BI<9> OTHER PLAN HAS BETTER QUALITY
VC7BJ<10> OTHER PLAN HAS BETTER BENEFITS
VC7BK<0> OTHER (SPECIFY AND END WITH //)

<98> DON'T KNOW

<99> REFUSED

==>

>cc8@1/VCC8B< How does [name of state's waiver plan] compare to previous health coverage?
 Would you say it's...

<1> much better,
<2> better,
<3> worse,
<4> or much worse than previous health coverage?

<7> ABOUT THE SAME
<8> DON'T KNOW
<9> REFUSED

==>

>cc@1< Repeat with child if appropriate or goto section e.

Section E: PREGNANCY QUESTIONS

>te@1< If adult alone and sex is male goto tf1. Males skip section E.
If child alone and sex is male goto Tg1.
If adult alone and female is over age 50 goto tf1.
If child alone and child is less than age 12 goto tf1.
If adult and child follow above rules for pregnancy section eligibility.
Adult start with question e1@1.
Child start with question E1@1.
Go through section e once for adult and once for child.

>e1@1/VE1P< Now, I would like to change topics and ask about pregnancies.

Have you been pregnant at any time in the past two years, that is since [month one year ago] [year two years ago]? Please include pregnancies that ended in a miscarriage or abortion.

<1> YES [goto e2@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto tf1]

>E1@1/VE1P< Now, I would like to ask you about [first name of child].

Has she been pregnant at any time in the past two years, that is since [month one year ago] [year two years ago]? Please include pregnancies that ended in a miscarriage or abortion. [equiv e1@1]

<1> YES [e2@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto tf1]

>e2@1/VE2P< How many times [have/has] [you/she] been pregnant since [month one year ago] [year two years ago]?

<1-7> TIMES

<8> DON'T KNOW

<9> REFUSED

==>

>e3@1/VE3P< [Was/Were] [you/she] pregnant any time during the past year?

That is, [was/were] [you/she] pregnant any time since [month one year ago] [year one year ago]?

<1> YES [goto e4@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto te@1]

>e4@1/VE4P< [Are/Is] [you/she] pregnant now?

<1> YES [goto e5@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto E7@1]

>e5@1/VE5P< How many weeks or months pregnant [are/is] [you/she]?

INTERVIEWER: ENTER WEEKS OR MONTHS HERE AND NUMBER ON THE NEXT SCREEN

PROBE: When is [your/her] baby due?

<1> MONTHS [goto e5m@1]

<2> WEEKS [goto e5w@1]

<98> DON'T KNOW [goto e5a@1]

<99> REFUSED [goto e5a@1]

==>

>e5m@1VE5MP< ENTER NUMBER OF MONTHS.

<1-9> MONTHS

==> [goto e7@1]

>e5w@1/VE5WP< ENTER NUMBER OF WEEKS.

<1-52> WEEKS

==> [goto e7@1]

>e5a@1/VE5AP< [Are/Is] [you/she] more than two months pregnant?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>e7@1/VE7P< Not counting [your/her] current pregnancy, how many times [have/has]
[you/she] been pregnant since [month one year ago] [year one year ago]?

<0> NO OTHER PREGNANCIES

<1-7> PREGNANCIES IN PAST YEAR [goto e8@1]

<8> DON'T KNOW

<9> REFUSED

==>[goto e11@1]

>E7@1/VE7P< How many times [have/has] [you/she] been pregnant since [month one year
ago] [year one year ago]? [equiv e7@1]

<1-7> PREGNANCIES IN PAST YEAR [goto e8@1]

<8> DON'T KNOW

<9> REFUSED

==> [goto e11@1]

>e8@1/VE8P< How did [if currently pregnant: the pregnancy before this one / your/her most
recent pregnancy] end? Did it end as a . . .

PROBE: A stillbirth is a birth of a dead child. A miscarriage is a naturally-occurring but
premature termination of a pregnancy.

<1> live birth,

<2> stillborn,

<3> abortion, or

<4> miscarriage

<8> DON'T KNOW

<9> REFUSED

==>

>e9@1/VE9P< How many weeks or months pregnant [were/was] [you/she] when [e8@1 equals 1: your/her baby was born/ e8@1 equals 3: you/she had an abortion / e8@1 equals 4: you/she miscarried / e8@1 equals 2, 8 or 9: that pregnancy ended]?

INTERVIEWER: ENTER WEEKS OR MONTHS HERE AND NUMBER ON THE NEXT SCREEN

<1> MONTHS [goto e9@1m]

<2> WEEKS [goto e9@1w]

<98> DON'T KNOW [goto e9@1a]

<99> REFUSED [goto e9@1a]

==>

>e9@1m/VE9PM< ENTER NUMBER OF MONTHS.

<1-9> MONTHS

==> [goto e11@1]

>e9@1w/VE9PW< ENTER NUMBER OF WEEKS.

<1-40> WEEKS

==>[goto e11@1]

>e9@1a/VE9PA< [Was/Were] [you/she] more than two months pregnant?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>e11@1/VE11P< [Have you gotten/Has she gotten - Did you get/Did she get] any prenatal care from a doctor or nurse-midwife during [your/her current pregnancy / that] pregnancy?

PROBE: Prenatal care is when a doctor or nurse checks to see how your pregnancy is going. They usually check your blood pressure, take a urine sample to test, listen to the baby's heartbeat and measure your stomach.

<1> YES [goto e13@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto e15@1]

>E11@1/VE11P< [Did you get/Did she get] any prenatal care from a doctor or nurse-midwife during [your/her] most recent pregnancy that ended in a birth or miscarriage? [equiv e11@1]

PROBE: Prenatal care is when a doctor or nurse checks to see how your pregnancy is going. They usually check your blood pressure, take a urine sample to test, listen to the baby's heartbeat and measure your stomach.

<1> YES [goto e13@1]

<0> NO

<7> NO BIRTHS OR MISCARIAGES

<8> DON'T KNOW

<9> REFUSED

==>[goto e15@1]

>e13@1/VE13P_MW< How many weeks or months pregnant [was/were] [you/she] when [you/she] first went for prenatal care during [your/her current pregnancy / that] pregnancy?

<1> MONTHS [goto 13m@1]

<2> WEEKS [goto 13w@1]

<98> DON'T KNOW

<99> REFUSED

==> [goto e13a@1] •

>13w@1/VE_13WP< ENTER NUMBER OF WEEKS

<1-40> WEEKS

==> [goto e14@1]

>13m@1/VE_13MP< ENTER NUMBER OF MONTHS HERE

<1-9> MONTHS

==>

>e13a/VE13P< Was it ...

<1> within the first three months,
<2> between months four through six, or
<3> after the sixth month?

<8> DON'T KNOW
<9> REFUSED

==>

>e14@1/VE14P< What kind of place [are you/she going - did you/she go] to for most of
[your/her] prenatal care during [your/her current pregnancy / that] pregnancy?

<1> PRIVATE DOCTOR'S OR NURSE MIDWIFE'S OFFICE OR GROUP PRACTICE
<2> HMO OFFICE OR FACILITY
<3> CLINIC OR HEALTH CENTER [goto 14a@1]
<4> HOSPITAL EMERGENCY ROOM
<5> HOSPITAL OUTPATIENT DEPARTMENT
<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW
<9> REFUSED

==>[goto 14@1B]

>14a@1/VE_14AP< What type of clinic or health center is it? Is it . . .

<1> Private doctor's clinic
<2> HMO clinic,
<3> Hospital clinic,
<4> Clinic or health center at work,

<5> Clinic or health center at school,
<6> Community, neighborhood or family health center,
<7> Rural health center, or
<0> Some other clinic or health center (SPECIFY)

<8> DON'T KNOW
<9> REFUSED

==>

>14@1B/VE_14PB< How many prenatal visits [have you had / has she had / did you/she have] for
[your/her current pregnancy / that] pregnancy?

<1-30>

<98> DON'T KNOW
<99> REFUSED

==> [goto 16@1a]

>e15@1/VE15P< Did [you/she] want or feel [you/she] needed to see a doctor or nurse-midwife
or someone else for medical care when [you/she] [was/were] pregnant?

<1> YES
<0> NO [goto 15a@1]

<8> DON'T KNOW
<9> REFUSED

==> [goto 16@1a]

>15a@1/VE15APLD< Why was that?

INTERVIEWER: CODE ALL THAT APPLY.

VE_15PA<1> HAD MISCARRIAGE BEFORE NEEDED PRENATAL
VE_15PB<2> EMBARRASSED
VE_15PC<3> FEAR OF DOCTORS
VE_15PD<4> DIDN'T NEED CARE--FELT O.K.
VE_15PE<5> KNEW WHAT NEEDED TO DO
VE_15PF<6> DIDN'T WANT TO BE HASSLED
VE_15PG<7> DIDN'T KNOW WHERE TO GO
VE_15PH<8> COULDN'T PAY FOR IT
VE_15PI<0> OTHER (SPECIFY AND END WITH ///)

<98> DON'T KNOW

<99> REFUSED

==> [goto e18@1]

>16@1a/VE_16PA< Did [you/she] have any problems seeing a doctor or nurse for prenatal care?

<1> YES[goto ex@1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto e18@1]

>ex@1/VEXP< What problems did [you/she] have in getting prenatal care during [your/her] pregnancy?

CODE ALL THAT APPLY

PROBE: Were there any other problems?

VE_17PA<1> MONEY OR INSURANCE

VE_17PB<2> GETTING AN APPOINTMENT AT A CONVENIENT TIME

VE_17PC<3> TRANSPORTATION

VE_17PD<4> HOW LONG YOU HAD TO WAIT TO SEE A DOCTOR OR NURSE

VE_17PE<5> WAY THE DOCTORS OR NURSES TREATED YOU

VE_17PF<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>exm@1/VEXMP< What was the most important problem [you/she] had in getting prenatal care during [your/her] pregnancy?

INTERVIEWER: ASTERISKED CATEGORIES ARE ONLY VALID RESPONSES

<1> MONEY OR INSURANCE

<2> GETTING AN APPOINTMENT AT A CONVENIENT TIME

<3> TRANSPORTATION

<4> HOW LONG YOU HAD TO WAIT TO SEE A DOCTOR OR NURSE

<5> WAY THE DOCTORS OR NURSES TREATED YOU

<0> OTHER (*READ ABOVE*)

<8> DON'T KNOW

<9> REFUSED

==>

>e18@1/VE18P<

[Have/Has] [you/she] had health coverage the whole time [you/she]
[were/was] pregnant?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>t19@1< If had a live birth in past year and was hospitalized during the past year. Ask e19@1 if
number of days hospitalized is known, if number of days is not known ask E19@1.
Goto tf1.

>e19@1/VE19P<

Earlier you told me that [you/she] stayed in the hospital for [number of days
hospitalized] days in the past year. How many of those days were related to
the delivery?

<0> NO DAYS RELATED TO DELIVERY

<1-97> DAYS

<98> DON'T KNOW

<99> REFUSED

==>

>E19@1/VE19P<

Earlier you told me that [you/(he/she)] [was/were] hospitalized in the past year.
How many of those days were related to the delivery? [equiv e19@1]

<0> NO DAYS RELATED TO DELIVERY

<1-97> DAYS

<98> DON'T KNOW

<99> REFUSED

==>

>tf1< Is this a child going through macro?

YES - goto Tg1

NO - goto f1

>f1/F1< Do you currently smoke cigarettes every day, some days, or not at all?

<1> EVERY DAY [goto f2]

<2> SOME DAYS [goto f2]

<3> NOT AT ALL

<8> DON'T KNOW

<9> REFUSED

==> [goto tf2]

>f2/F2< Did your doctor ever counsel you to stop smoking?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tf2< Is there a female child 12 or older?

YES - Repeat pregnancy section for female child 12 or older.

NO - goto Tg1

Section G: Demographics

>Tg1< Is this a child alone interview?

YES- goto tg1a

NO - goto g1

>tg1a< Is this an RDD sample point or a list frame sample member?

If RDD check family formation in screener to see if child lives with his or her mother.

If child lives with mother goto g1 and ask section g about the child's mother. (skip g2 if R is not mother)

If child does not live with his or her mother, goto g1ad

If list frame sample, goto g1ab

>g1ab/G1AB< INTERVIEWER: CODE WITH OUT ASKING IF KNOWN, OTHERWISE ASK: Are you

[child's first name]'s mother?

<1> Yes [goto tg1]

<0> No

<8> DON'T KNOW

<9> REFUSED

==>

>g1ac/G1AC< Does [child's first name] live with [his/her] mother?

<1> YES [goto tg1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>g1ad/G1AD< What is your relationship to child?

<1> FATHER

<2> GRANDPARENT

<3> FOSTER PARENT

<4> STEP PARENT

<5> OTHER RELATIVE

<6> NON RELATIVE

<8> DON'T KNOW

<9> REFUSED

==>

>g1af/G1AF< Does child live with you?

<1> YES [goto tg1]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>g1ag/G1AG< My next questions ask general information about [child's first name]'s guardian.
Are you [child's first name]'s guardian?

<1> YES [goto tg1]

<0> NO [goto tg1]

<8> DON'T KNOW

<9> REFUSED

==> [go to end of interview]

>tg1< If interview type is adult alone or adult and child goto g1i.

If interview type is child alone:

Respondent is child's mother goto g1i.

Child lives with mother goto G1i.

Child lives with respondent goto g1i.

Else goto 1Gi.

>g1i< Now, I have a few questions about you.

TYPE <g> TO CONTINUE ==>[goto g1]

>G1i< Now, I have a few questions about [child's first name]'s mother.

TYPE <g> TO CONTINUE ==>[goto g1]

>1Gi< Now, I have a few questions about [child's first name]'s guardian.

TYPE <g> TO CONTINUE ==>[goto g1]

>g1/G1< What is the highest grade or year of school [you / (his/her) mother / (his/her) guardian] completed?

PROBE FOR REFUSALS: I understand that these questions may be sensitive.

We are asking these questions to help understand differences in health care problems and needs.

INTERVIEWER: IF RESPONDENT GIVES DEGREE, CODE AS FOLLOWS.

<1-11> GRADE

<12> HIGH SCHOOL/GED

<14> JUNIOR COLLEGE/ASSOCIATES DEGREE

<15> SOME COLLEGE

<16> B.A./B.S.

<17> MASTERS DEGREE (M.A./M.S./M.P.H./M.B.A./M.P.A.)

<18> LAW DEGREE (JD)

<19> Ph.D. OR MEDICAL DEGREE (MD)

<98> DON'T KNOW

<99> REFUSED

==>

>tg2< If child alone and respondent is not mother goto g3. Else goto g2.

>g2/G2< What is the highest grade or year of school your mother completed?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

INTERVIEWER: IF RESPONDENT GIVES DEGREE, CODE AS FOLLOWS.

<1> 8TH GRADE OR LESS

<2> SOME HIGH SCHOOL

<12> HIGH SCHOOL GRADUATE/GED

<14> JUNIOR COLLEGE/ASSOCIATES DEGREE

<15> SOME COLLEGE

<16> B.A./B.S.

<17> MASTERS DEGREE (M.A./M.S./M.P.H./M.B.A./M.P.A.)

<18> LAW DEGREE (JD)

<19> Ph.D. OR MEDICAL DEGREE (MD)

<98> DON'T KNOW

<99> REFUSED

==>

>g3/G3< [Are/is] [you / (his/her) mother / (his/her) guardian] currently married, widowed, divorced, separated, or [have you / has (his/her) mother / has (his/her) guardian] never been married?

- <1> MARRIED
- <2> WIDOWED
- <3> DIVORCED
- <4> SEPARATED
- <5> NEVER MARRIED

- <8> DON'T KNOW
- <9> REFUSED

==>

>g4a/G4A< [Are/Is] [you / (his/her) mother / (his/her) guardian] currently working for pay on a full-time or part-time basis?

- <1> YES, FULL-TIME (35 HR/WEEK OR MORE)
- <2> YES, PART-TIME
- <0> NO

- <8> DON'T KNOW
- <9> REFUSED

==>

>g4b/G4B< How many months did [you / (his/her) mother / (his/her) guardian] work over the past twelve months on a full-time basis?

- <0> NONE
- <1-12> MONTHS
- <98> DON'T KNOW
- <99> REFUSED

==>

>g5/G5< How many months did [you / (his/her) mother / (his/her) guardian] work over the past twelve months on a part-time basis?

- <0> NONE
- <1-12> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>tg5< If currently married or separated goto G5. Else goto g6.

>G5/G5_SP< Is [your / (his/her) mother's / (his/her) guardian's] spouse currently working for pay on a full-time or part-time basis?

<1> YES, FULL-TIME (35 HR/WEEK OR MORE)

<2> YES, PART-TIME

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>g5a/G5A< How many months did [your / (his/her) mother's / (his/her) guardian's] spouse work over the past twelve months on a full-time basis?

<0> NONE

<1-12> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>g5b/G5B< How many months did [your / (his/her) mother's / (his/her) guardian's] spouse work over the past twelve months on a part-time basis?

<0> NONE

<1-12> MONTHS

<98> DON'T KNOW

<99> REFUSED

==>

>g6/G6< [Are/Is] [you / (his/her) mother / (his/her) guardian] of Spanish or Hispanic origin or descent?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>g7/G7< What is [your / (his/her) mother's / (his/her) guardian's] racial background? [Are/Is]
[you/she/(he/she)] . . .

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

<1> White,

<2> Black or African American,

<3> Native American (American Indian),

<4> Alaska Native,

<5> Asian or Pacific Islander?

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>g8/G8< What is [your / (his/her) mother's / (his/her) guardian's] first language, that is the language
[you / she / (he/she)] spoke when [you / she / (he/she)] [were/was] growing up? Was it
English, Spanish, or some other language?

<1> ENGLISH

<2> SPANISH

<0> OTHER (SPECIFY AND END WITH ///)

<8> DON'T KNOW

<9> REFUSED

==>

>tg9< If currently married or separated goto g9, else goto G9.

>g9/G9< Does [your/ (his/her) mother's / (his/her) guardian's] spouse or do any of [your/ (his/her) mother's / (his/her) guardian's] children have a chronic or serious health problem that frequently requires medical attention, such as asthma, diabetes, or a heart condition?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto tg10]

>G9/G9< Do any of [your / (his/her) mother's / (his/her) guardian's] children have a chronic or serious health problem that frequently requires medical attention, such as asthma, diabetes, or a heart condition? [equiv g9]

<1> YES

<0> NO

<7> NO CHILDREN

<8> DON'T KNOW

<9> REFUSED

==>[goto tg10]

>tg10< Test for adult gets TANF benefits.

Is the adult sample member female goto g10

Is the adult male or no adult sample member goto tg11

>g10/G10< [Do/Does] [you/(he/she)] currently receive TANF or Temporary Assistance to Needy Families, AFDC or Aid to Families with Dependent Children, or state welfare benefits?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tg11< Test for child in household.

If there is a sampled child (under age 18) goto g11

If no sampled child goto tg12

>g11/G11< Is [child's first name] covered by these TANF or Temporary Assistance to Needy Families, AFDC or Aid to Families with Dependent Children, or state welfare benefits?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tg12< Is this a child alone interview?

YES goto g12a

NO goto g12

>g12/G12< Does [your / (his/her) mother's / (his/her) guardian's] family receive food stamp benefits?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto tg13]

>g12a/G12< Is [child's first name] covered by food stamp benefits? [equiv g12]

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tg13< test for wic eligibility

If pregnant adult sample member, pregnant child, or a child sample member under age 5 goto g13

If pregnant adult and a pregnant child goto G13.

Else goto tg14

>g13/G13< [Do/Does] [you/she] currently receive food through the WIC program?

PROBE: WIC is the Women, Infants, and Children program. WIC provide vouchers for pregnant women, nursing mothers, and children under five years old.

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>[goto tg14]

>G13/G13< Do you and [child's first name] currently receive food through the WIC program?
[equiv g13]

PROBE: WIC is the Women, Infants, and Children program. WIC provide vouchers for pregnant women, nursing mothers, and children under five years old.

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tg14< Is interview type child alone?

YES - goto g15

NO -goto g14

>g14/G14< [Do/Does] [you/(he/she)] currently receive SSI or Supplemental Security Income from the federal or state government?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>tg15< Is interview type adult alone?

YES - goto g18

NO - goto g15

>g15/G15< Does [child's first name] currently receive SSI or Supplemental Security Income from the federal or state government?

<1> YES

<0> NO

<8> DON'T KNOW

<9> REFUSED

==>

>g18/G18< The next questions are about income that your family, (fill NAMES IF MULTIPLE FAMILY HOUSEHOLD) received during 1998. During 1998, what was your family's total income from all sources, before taxes and other deductions?

PROBES: Answers to questions on income are important to our survey because they help explain whether people can afford the health care they need. The information you provide will be kept confidential and will only be used in statistical summaries.

PROBE: Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates, or trusts, public assistance or welfare, social security, child support, and other sources.

PROBE: Your best estimate would be fine.

INTERVIEWER: CODE 7 IF THE RESPONSE IS \$100,000 OR MORE.

<0> NONE [goto tg20]

<7> MORE THAN \$100,000

\$ <10-99996>

<8> DON'T KNOW[goto g19]

<9> REFUSED[goto g19] ==>

>vg18< I have recorded an income of [amount from g18] per year. Is that correct?

<1> YES, CONTINUE[goto g19a]

<2> CAN NOT RESOLVE, CONTINUE [goto g19a]

<0> NO, INCORRECT GO BACK AND CORRECT

==>

>g19/G19< Which of the following income ranges is closest to your family's 1998 total income from all sources?

PROBE: Your best estimate would be fine.

- <1> Less than \$5,000
- <2> \$5,000 to less than \$10,000
- <3> \$10,000 to less than \$20,000
- <4> \$20,000 to less than \$30,000
- <5> \$30,000 to less than \$40,000
- <6> \$40,000 to less than \$50,000
- <7> \$50,000 to less than \$100,000
- <8> Over \$100,000 [goto vg19]

<98> DON'T KNOW

<99> REFUSED

==>[goto g19a]

>vg19< INTERVIEWER : YOU ENTERED THE INCOME OF OVER \$100,000. IS THAT CORRECT?

<1> YES, CORRECT [goto g19a]

<0> NO, NEED TO CORRECT

==>

>g19aG19A< Including yourself, how many people does this income support?

<1-12> PEOPLE

<98> DON'T KNOW

<99> REFUSED

==>

>tg21< Is either sampled adult or sampled child on waiver plan?

YES - goto g22

NO - goto g34

>g22< As you may know, [waiver plan name] expanded the number of people covered by Medicaid in [state's name]. As part of this research we would like to know whether [you are/ (first name of child) is/you and (first name of child) are) receiving Medicaid under the old rules or the new ones. The best way to determine this is through social security numbers.

TYPE <g> TO CONTINUE==>

>tg23< Is interview type child alone?

YES - goto g24

NO - goto g23

>g23< What is your Social Security Number?

==>

>tg24<Is interview type adult and child?

YES - goto g24

NO - goto g30

>g24< What is [child's first name]'s Social Security Number?

==>

>g30/G30< Do you have any other telephone numbers in your household besides [phone number dialed]? Do not include lines that are used only for computer modems.

IF YES: How many?

PROBE: We need this information so that households are correctly represented in our sample.

<0> [goto g32]

<1-4> OTHER TELEPHONE NUMBERS

<9> REFUSED [goto g32]

==>

>g31/G31< (Is this/Are these) other phone number(s) for...

<1> home use

<2> business and home use, or [goto g31a]

<3> business use only?

<8> DON'T KNOW

<9> REFUSED

====> [goto g32]

>g31a/G31A< How many of these [number from g30] phones are for business use only?

<0-4> PHONES FOR BUSINESS USE ONLY

<8> DON'T KNOW

<9> REFUSED

==>

>vg31< Verify that the number of business use only phones is less than the number of other phones in the household.

>g32/G32< During the past 12 months, was there any time when you did not have a working telephone in your household for two weeks or more?

<1> YES [goto g33]

<0> NO

<8> DON'T KNOW

<9> REFUSED

==> [goto g35]

>g33/G33< For how many of the past 12 months did you not have a working telephone?

<0-12> MONTHS

<98> DON'T KNOW [goto g34]

<99> REFUSED [goto g34]

==>

>g34/G34< What was the main reason you did not have telephone services?

<1> COST

<2> MOVED (COST NOT MENTIONED)

<3> PERSONAL PREFERENCE

<4> SERVICE NOT AVAILABLE

<0> OTHER [specify]

<8> DON'T KNOW

<9> REFUSED

==>

>g35/G35< What is the five-digit ZIP Code at [your/child's mother's/child's guardian's] home address?

<00010-99999> ZIP CODE

<8> DON'T KNOW

<9> REFUSED

==>

>thnx< Thank you very much for your time. Those are all the questions I have. Your opinions are very important to us. Thank you and goodbye.

TYPE <g> TO EXIT THIS CASE ==>

>ABLE< INTERVIEWER : HOW WOULD YOU RATE THE RESPONDENT'S ABILITY TO UNDERSTAND AND ANSWER QUESTIONS IN ENGLISH?

<1> EXCELLENT

<2> VERY GOOD

<3> GOOD

<4> FAIR

<5> POOR

<8> DON'T KNOW

<9> REFUSED

==>[interview completed]

ADDITIONAL CODES

a2a/aC2a

01. too expensive
02. refused health insurance due to poor health
03. was not eligible for medicaid
04. did not know how to apply
05. didn't renew/didn't renew in time/problems with paperwork
06. employer doesn't offer health insurance/change of employer/not yet eligible
07. moved
10. did not want or need insurance
11. did not want Medicaid
12. no longer employed/not covered by previous coverage
13. state/county terminated coverage
14. new insurance has not yet started

a9b

01. Understanding information about eligibility, benefits out of pocket expenses, co-payments, or premiums
02. Having to make more than one trip to enroll
03. Getting all of the documents to prove eligibility
04. Way treated by staff
05. Time it took to receive membership card
07. problems with proving eligibility/income
10. state lost application/received application late/problems with paperwork

15P/15C/a16P/a16C

01. SM's doctor was in the plan
02. Doctor SM wanted was in the plan
03. Reputation of plan's doctors
04. Particular type of specialist available
05. Like hospitals available
06. Reputation of the plan
07. Travel time to / location of the doctor's office
08. affordable or cost
09. benefits/services
10. easy to use/convenient
11. only plan offered
12. ability to choose clinic/doctors
13. family's plan
14. no specific reason

x2aP/x2aC

01. Too expensive
02. Refused health insurance due to poor health
03. Was not eligible for medicaid
04. Did not know how to apply
06. employer doesn't offer health insurance/change of employer/not yet eligible
07. moved
10. did not want or need insurance
11. did not want Medicaid
12. no longer employed/not covered by previous coverage
13. state/county terminated coverage
14. new insurance has not yet started

x14c/X14c/aX1c/ax1c

01. No longer eligible for [name of state's waiver plan]
02. Cannot afford
03. Got coverage from another source (employer or spouse's employer)
04. The state terminated my coverage
05. didn't renew/didn't renew in time/problems with paperwork
06. employer doesn't offer health insurance/change of employer/not yet eligible
07. moved
10. did not want or need insurance
11. did not want Medicaid
12. no longer employed/not covered by previous coverage
13. state/county terminated coverage
14. new insurance has not yet started

x15b

01. Did not know how
02. Did not know I was eligible
03. Thought it would be too expensive
05. Did not need it/had other coverage
06. State not accepting new enrollees
07. too busy/has not applied

x16b

01. Understanding information about eligibility, benefits out of pocket expenses, co-payments, or premiums
02. Having to make more than one trip to enroll
03. Getting all of the documents to prove eligibility
04. Way treated by staff
05. Time it took to receive membership card
06. state not accepting new enrollees
07. problems with proving eligibility/income
10. state lost application/received application late/problems with paperwork

b1P/b1C

01. Have two or more usual doctors or places
02. Don't need a doctor often enough
04. Doctor you used to go to not in plan
05. Have to travel too far to see a doctor
06. Have not been able to find a doctor you like
07. Cost is too expensive
08. new to area
09. doctor moved/no longer available
10. no insurance

b2aC/b2aP

01. Private doctor's office or group practice
02. HMO office or facility
03. Clinic or health center
04. Hospital emergency room
05. Hospital outpatient department
06. holistic

b12P/b12C

01. Doctor
02. Nurse, physician assistant, nurse practitioner
04. doctor doing residence/college medical student

b41P/b41C/B41P/B41C/b4AP/b4AC/B4AP/B4AC/b4BP/b4BC/B4BP/B4BC/
b4CP/b4CC/B4CP/B4CC/b4DP/b4DC/B4DP/B4DC/b4GP/b4GC/B4GP/B4GC/B4HP/B4HC

1. Couldn't schedule an appointment
2. Transportation problem
3. Cost too much
4. Pcp/plan wouldn't give referral [waiver plan only]/delay in getting referral
5. Dr/place didn't accept plan [waiver plan only]
06. no insurance
07. did not think it was serious enough, thought it would pass or get better, too stubborn. just did not go, in denial
08. does not like to go to dentist, doctor, hospital/did not want to go, fear or afraid
09. schedule conflict, too busy, just hasn't made appointment
10. condition cleared up
11. health care worker did not think it was serious enough
12. home remedy/took care of self
13. medical hotline, called doctor's office/spoke with medical professional on phone
- 14.usual provider not available
15. too sick to go, too depressed to go
16. no provider in area, difficult to find provider who accepts Medicaid
17. pregnant
18. embarrassed using Medicaid
19. child is too young
20. did not want to know outcome/hear bad news/was not ready for treatment
21. poor quality of care/misdiagnosis/wrong prescription
22. not sure if covered by plan
23. pharmacy out of medicine/pharmacy error/pharmacy delay
24. problem with the prescription/generic medicine only available/not due for refill/lost prescription
25. missed appointment
26. didn't know where to go/didn't know process
27. care not covered by plan
28. travel time to provider
29. amount of time waiting
30. doesn't like way treated by staff
31. out of the area
32. doesn't like current provider
33. hasn't found provider/looking for new provider
34. provider not accepting new patients/SM on waiting list
35. don't like choice of providers
36. didn't like doctor on call
37. didn't want to abuse Medicaid/try not to use Medicaid
38. after office hours/weekend
39. didn't think doctor would be able to do something

c7P/c7C/7cP/7cC/12cC/12cP

1. Don't like the choice of doctors
2. Don't get to see the doctor you choose
3. Don't like the quality of care you received
4. Too difficult to get a referral for a specialist
5. Too difficult to get an appointment
6. Don't like the way staff treat you
7. The doctor's location
8. Other plan better doctors
9. Other plan has better quality
10. Other plan has better benefits
11. other plan less expensive
12. moving out of plan's area
13. expecting to get insurance through employer or other source
14. no longer eligible
15. all family members on same plan
16. not happy with current plan
17. problems with bills
18. doesn't want government insurance
19. doctor s/he wants is in different plan
20. plan no longer offered

g8

01. English
02. Spanish
03. Asian/Pacific Islander
04. Russian
05. Indian, Hindu
06. French, German, Portugese

APPENDIX B

CALCULATION OF RDD
RESPONSE RATES

RESPONSE RATES FOR THE FIVE STATES TENNESSEE TELEPHONE HOUSEHOLD SURVEY (1997-1998)

We computed the following response rates for the first wave of the telephone survey:

1. Screener response rate
2. Family response rate
3. Overall response rate

These response rates are shown in Table 1.

The following steps described how the different response rates were computed:

1. Classify all the telephone numbers released based on their final status codes into the following categories:
 - (a) eligible responded household
 - (b) eligible non-responded household
 - (c) ineligible household
 - (d) household with unknown eligibility
 - (e) not household
 - (f) not known if household
2. Determine
 - (a) total number of households completed the screener survey (SCRCOMPL).
 - (b) total number of eligible telephones (PHONEELIG)
 - (c) total number of telephone released (ALL)
 - (d) total number of telephone with determined status (PHONEDET)
 - (e) telephone eligibility rate (Phone Elig Rate). This is the ratio of the total number of eligible telephones to the total number of telephone released with known eligibility status.
3. Compute the Screener Response Rate (SRR):

$$SRR = \frac{\sum SCRCOMPL}{\sum PHONEELIG + \sum ((ALL - PHONEDET) * (PhoneEligRate))}$$

4. Classify all attempted families, among those in screener-complete households, based on their final status codes into the following categories:
 - (a) eligible responder
 - (b) eligible non-responder
 - (c) ineligible at interview, although classified as eligible at screening
 - (d) unknown if eligible at interview (not able to locate), although classified as eligible at screening

5. Determine:

- (a) Total number of families completed the survey (FAMRESP)
- (b) Total number of eligible families (FAMELIG)
- (c) Total number of families attempted for interview (ALLFAM)
- (d) Total number of families with eligibility status determined (FAMDET). This includes families in a, b, and c in item (4)
- (e) Family eligibility rate (Family Elig Rate). This is the ratio of the total number of eligible families to the total number of families attempted with known eligibility status.

6. Compute the Family Response Rate (FRR):

$$FRR = \frac{\sum FAMRESP}{\sum FAMELIG + \sum ((ALLFAM - FAMDET) * (FamilyEligRate))}$$

7. Compute the Overall Response Rate (ORR):

$$ORR = SRR \cdot FRR$$

Table 1
Response Rates based on the First Wave Survey

Response Rate	Unweighted	Weighted
SRR	0.81930	0.81519
FRR	0.95617	0.93151
ORR	0.78339	0.75936

COMPUTATIONS OF RESPONSE RATES FOR THE FIVE STATE TENNESSEE SECOND WAVE TELEPHONE HOUSEHOLD SURVEY

We computed the following response rates for the second wave of the survey:

Screener response rate
Family response rate
Overall response rate

The response rates were computed separately for releases with the Blue Cross Blue Shield (BCBS) spigot on and for releases with the BCBS spigot off. Then these rates were combined to form the overall response rates for the survey (Table 1).

The following steps described how the different response rates were computed:

8. Classify the all the telephone numbers released based on their final status codes into the following categories:
 - (a) eligible responded household
 - (b) eligible non-responded household
 - (c) ineligible household
 - (d) household with unknown eligibility
 - (e) not household
 - (f) not known if household
9. Determine
 - (a) total number of households completed the screener survey (SCRCOMPL).
 - (b) total number of eligible telephones (PHONEELIG)
 - (c) total number of telephone released (ALL)
 - (d) total number of telephone with determined status (PHONEDET)
 - (e) telephone eligibility rate (Phone Elig Rate). This is the ratio of the total number of eligible telephones to the total number of telephone released with known eligibility status.
10. Compute the Screener Response Rate (SRR):
$$SRR = \frac{\sum SCRCOMPL}{\sum PHONEELIG + \sum ((ALL - PHONEDET) * (PhoneEligRate))}$$
11. Classify all attempted families, among those in screener-complete households, based on their final status codes into the following categories:
 - (a) eligible responder

- (b) eligible non-responder
- (c) family with determined status

12.Determine:

- (a) Total number of families completed the survey (FAMRESP)
- (b) Total number of eligible families (FAMELIG)
- (c) Total number of families attempted for interview (ALLFAM)
- (d) Total number of families with eligibility status determined (FAMDET)
- (e) Family eligibility rate (Family Elig Rate). This is the ratio of the total number of eligible families to the total number of families attempted with known eligibility status.

13.Compute the Family Response Rate (FRR):

$$FRR = \frac{\sum FAMRESP}{\sum FAMELIG + \sum ((ALLFAM - FAMDET) * (FamilyEligRate))}$$

14.Compute the Overall Response Rate (ORR):

$$ORR = SRR \cdot FRR$$

15. Combine the response rates using the proportion contributed by the releases with the BCBS spigot on and the proportion contributed by the releases with the BCBS spigot off to form the overall response rates for the surveys.

Table 1
Response Rates based on the Second Wave Survey

Response Rate	Unweighted	Weighted
BCBS On		
SRR	.75763	.75095
FRR	.95342	.95609
ORR	.72234	.71798
BCBS Off		
SRR	.78160	.77462
FRR	.91351	.92326
ORR	.71310	.71518
Combined		
SRR	.77225 ⁽¹⁾	.76590 ⁽¹⁾
FRR	.93207 ⁽²⁾	.94312 ⁽³⁾
ORR	.71979	.72233

⁽¹⁾ The proportions used are 36.8% for BCBS on and 63.2% for BCBS off

⁽²⁾ The proportions used are 46.5% for BCBS on and 53.5% for BCBS off

⁽³⁾ The proportions used are 60.5% for BCBS on and 39.5% for BCBS off

RESPONSE RATES FOR THE FIVE STATES HAWAII TELEPHONE HOUSEHOLD SURVEY

We computed the following response rates for the first and second waves of the telephone survey:

1. Screener response rate
2. Family response rate
3. Person response rate
4. Overall response rate

These response rates are shown in Table 1 for Wave 1 and Table 2 for Wave 2.

The following steps describe how the different response rates were computed:

1. Classify all released telephone numbers into the following categories based on their final status codes:
 - (a) eligible responded household
 - (b) eligible non-responded household
 - (c) ineligible household
 - (d) household with unknown eligibility
 - (e) not a household
 - (f) unknown if household
2. Determine the following quantities:
 - (a) total number of households that completed the screener survey (SCRCOMPL)
 - (b) total number of eligible telephones (PHONEELIG)
 - (c) total number of telephone numbers released (ALL)
 - (d) total number of telephone numbers with determined status (PHONEDET)
 - (e) telephone eligibility rate (Phone Elig Rate). This value was computed as the ratio of the total number of eligible telephone numbers to the total number of telephone numbers released with known eligibility status.

3. Compute the Screener Response Rate (SRR):

$$SRR = \frac{\Sigma SCRCOMPL}{\Sigma PHONEELIG + \Sigma ((ALL - PHONEDET) * \text{Phone Elig Rate})}$$

4. Classify all attempted families in screener-complete households into the following categories based on their final status codes:
 - (a) eligible respondent
 - (b) eligible non-respondent

- (c) ineligible at interview, although classified as eligible as screening
- (d) unknown if eligible at interview (not able to locate), although classified as eligible at screening

5. Determine:

- (a) Total number of families that completed the survey (FAMRESP)
- (b) Total number of eligible families (FAMELIG)
- (c) Total number of families attempted for interview (ALLFAM)
- (d) Total number of families with eligibility status determined (FAMDET). This includes families in a, b, and c in item (4).
- (e) Family eligibility rate (Family Elig Rate). This is the ratio of the total number of eligible families to the total number of families attempted with known eligibility status.

6. Compute the Family Response Rate (FRR):

$$FRR = \frac{\Sigma FAMRESP}{\Sigma FAMELIG + \Sigma ((ALLFAM - FAMDET) * \text{Family Elig Rate})}$$

4. Classify all attempted persons in complete families into the following categories based on their final completion status:

- (a) eligible respondent
- (b) eligible non-respondent

5. Determine:

- (a) Total number of persons that completed the survey (PERRESP)
- (b) Total number of eligible persons (PERELIG)

6. Compute the Person Response Rate (PRR):

$$PRR = \frac{\Sigma PERRESP}{\Sigma PERELIG}$$

7. Compute Overall Response Rate (ORR)

$$ORR = SRR * FRR * PRR$$

Table 1
Response Rates based on the First Wave Survey

Response Rate	Unweighted	Weighted
SRR	0.7348	0.7334
FRR	0.9148	0.9174
PRR	0.9918	0.9891
ORR	0.6666	0.6655

Table 2
Response Rates based on the Second Wave Survey

Response Rate	Unweighted	Weighted
SRR	0.6514	0.6520
FRR	0.9433	0.9448
PRR	0.9767	0.9787
ORR	0.6002	0.6019